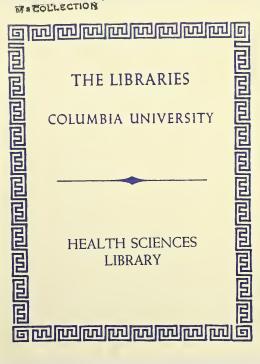


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MERCECET.

ELEVENTH REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEARS ENDED NOVEMBER 30, 1920 AND 1921

> NEW YORK CITY 149-151 EAST 67th STREET











## **ELEVENTH REPORT**

OF

## THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEARS ENDED NOVEMBER 30, 1920 AND 1921

> NEW YORK CITY 149-151 EAST 67th STREET

## THE NEUROLOGICAL INSTITUTE OF NEW YORK

For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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lS,

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HARRISON WILLIAMS,

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ROBERT THORNE

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\*Deceased

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#### Alternates.

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JOHN HOMMEL

Massage and Mechanotherapy. CHARLES NELSON, Director.

Assistants.

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Supervisor of Nurses.
GERTRUDE M. DWYER, R.N.

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Registrar.
ALFRED ROBINSON

Night Supervisor.
MARGARET LEE, R.N.

Dispensary Supervisor.
MARY DOBECK, R.N.

Private Floors.

ALICE WALSH, R.N.

ANNIE T. MOONEY, R.N.

Women's Wards.
BEATRICE H. WALLACE

Men's Wards.
IDA M. WAKELEE, R.N.

Occupation Department.
ANNIE F. GORMLY

The Following Reports and Statistics are for the Years Ended November 30, 1920-1921.

## DOCTOR PEARCE BAILEY.

## MEMORIAL ADOPTED BY THE MEDICAL BOARD.

Pearce Bailey has left us. On February 11th, after a week's illness, contracted in the performance of his duties to the State's indigent defectives, he succumbed. This terminated a life that was full of unselfish work for the advancement of his fellow-man. His activities in his earlier years were at first in purely neurological fields. After having graduated at the College of Physicians and Surgeons of New York City in 1889, he interested himself in the neurological clinic of that University where he became successively Chief of Clinic and Adjunct Professor of Neurology. This position he held until 1910. He then, in recognition of the necessity for a neurological hospital in this city, became one of the founders of the Neurological Institute—to this day the only institution of the kind on the American continent. He devoted his energies to its development with all the force and vigor and initiative that in him lay; and the wisdom of his course and that of his colleagues was borne out from the very entrance of America into the great war. Pearce Bailey was appointed to the Surgeon General's Office in charge of the neuro-psychiatric department—a new venture in modern warfare, and indicative of a tremendous advance in the selection and medical care of troops. He soon became the chief exponent of the importance of the proper elimination of the unfit and of the reconstruction of the disabled, shell-shocked troops; and for his brilliant service to the country, Congress awarded him the Distinguished Service Medal. Colonel Bailey made the most intensive use of the Neurological Institute in his war plans—as a centre of instruction for medical officers and as a centre of supply for his assistants in his great work. The present Medical Board feels that this war activity under Colonel Bailey is the one great tradition thus far vouchsafed to our Institute and it is held as a precious possession.

After his retirement from the Army, Dr. Bailey, again with a spirit of self sacrifice, undertook to establish the Classification Clinic—a department of the Neurological Institute—through whose means he looked to help adolescent boys and girls make the most of their possibilities in life by a proper measurement of their capacity for different fields of work. At the same time, he was appointed by the Governor of the State to the Chairmanship of the State Commission for Mental Defectives. He was indefatigable in his attempts to make the State understand the difference between mental defectives and criminals and his efforts to have these classes separated were being crowned with success, when his time came.

Those of us who have known Pearce Bailey intimately, realize the irreparable loss that his absence means, not only to American medicine, but to all who valued truth, independence of thought and fearlessness in its expression. He was the foe of sham; he never could bring himself to listen without evident impatience, or to read without chafing under it, the outpourings of the impractical, the hyperbole of the self-deluded enthusiast. Nothing was more characteristic of him after some long defence of a far-fetched, fanciful diagnosis by some member of his staff at rounds, than his smiling, indulgent query, "Do you really believe it yourself?" It was said so gently, with no hint or suspicion of irony, that even the victim joined in the hearty laugh that followed. deed was one of Pearce Bailey's great qualities—he told the truth at all times fearlessly, regardless of consequences, but never in a way that hurt. And he always told it interestingly, with charm and grace of manner and speech. He never wasted words: indeed, some of his communications were more

than laconic; one postal, mailed from the Surgeon General's Office to the Military Director of the Neurological Institute, in answer to a request for a report on a certain medical officer, contained the following: "N. G. per S. G. P. B." We all loved him; on regular division rounds, there was always the eager question, "Isn't the Chief coming to-day?" with disappointment on every face if the answer were, "Not to-day". He personally helped every one of his staff in every possible way; he practically never found fault in words, but his expression of countenance when his orders were not carried out—his evident feeling that he was not being properly assisted, made the guilty man so ashamed of himself that no reprimand was necessary.

In times of stress, periods during which the Institute found itself in stormy weather, the Medical Board found in Pearce Bailey a friend and counsellor, a staunch supporter in speech and act who never spared himself. The sorrows he knew in his private life were many; at no time was he free from them; no respite was there ever; but none could see them depicted on his countenance and few knew.

The Medical Board feels that in the death of Pearce Bailey the Neurological Institute has suffered an extreme loss, and American medicine one of its greatest members. His keen intellect, his wit and humor, his integrity of purpose and character, his attainments in the fields of neurology and neuropsychiatry in the service of our State and Country compel our profoundest admiration. We are deeply conscious of the loss of our friend and colleague and we wish to express our profoundest grief at the departure of this great American.

### MEMORIAL ADOPTED BY THE BOARD OF TRUSTEES.

The Trustees of the New York Neurological Institute desire to place on record an expression of the very great sorrow felt by all over the death of Dr. Pearce Bailey, one of the founders and constant supporters of the Institute. They wish also to express their appreciation of the important services rendered by him to the Institute during the whole period of its existence and development.

At the beginning Dr. Bailey was a singularly useful, in fact a saving force, in the organization. His sound judgment, clear vision and perfect unselfishness were determining factors in carrying on a work which was breaking open new lines of hospital activity.

Dr. Bailey early brought to the Institute some of the young men who greatly helped to establish its reputation and who made successful careers for themselves later. His friends and associates among the non-medical public contributed to the personnel of this Board and furnished support to the Institute from the public outside.

During the War Dr. Bailey was Chief of the Division of Nervous and Mental Diseases in the Surgeon General's Office at Washington. He at that time made the Neurological Institute one of the centres—in fact the most important centre—for special training of medical officers in neurology and neuropsychiatry. Many men were instructed here, and the Institute became known all over the Country as a place where Neurology was intensively studied, practiced and taught.

During the eleven years of his service here, Dr. Bailey contributed many important articles to neurological science, based on the work he did and the observations he made as a visiting neurologist to the Institute.

A year ago Dr. Bailey added to the working Departments of the Institute a Classification Clinic for the purpose of

studying and helping maladjusted adolescents. This was a new specialization of neurological and psychiatric work, but it was carefully conceived and based on several years of observation and study of the subject. It has now been in operation for a year; its work is increasing; it fills distinctly a need in the vocational, educational and ethical problems of parents and teachers and the Trustees express the hope that it may continue to be supported and permanently established as a memorial of Dr. Bailey's vision, his initiative and his beneficent wisdom.

The brief record here given shows what a serious loss has come to this institution in the death of Dr. Bailey. His name and service and personality are indissolubly associated with its organization and successful development, and with its educational, philanthropic and scientific activities to which he gave not only regular support but original contributions.

## REPORT OF EXECUTIVE COMMITTEE OF TRUSTEES.

To the Board of Trustees of the Neurological Institute of New York.

Gentlemen:

For various reasons it was decided last year to omit the publication of the usual year book, and the reports and hospital statistics herewith presented cover two years. This two year period has been one of great progress and promise for the Institute.

The volume of work handled both in the Hospital and in the Out-Patient Department has been far in excess of the normal capacity of our plant and equipment, and has been made possible only by the spirit of service and helpful cooperation which dominates the Medical Staff and which indeed through the inspiring personality of Miss Rivington, the Superintendent, and Miss Dwyer, the Supervisor of Nurses, pervades the entire personnel of the Institute.

A notable forward step has been taken in the successful establishment and operation under the direction of Dr. Pearce Bailey of the Classification Clinic for Adolescents, which represents a development not only along the line of direct practical service, but in the larger field of neuro-psychiatric

education and research.

With the help of the Commonwealth Fund important special research work has been successfully undertaken and carried on. Dr. Elsberg is directing a clinical and experimental investigation of epilepsy and Dr. Tilney is directing a clinical and experimental investigation of multiple sclerosis. The Social Research Department with the active cooperation of the Medical Staff, is conducting an intensive study of the problem of the maladjusted child.

While our larger plans and hopes for alterations and additions to our building and for increased facilities and equipment, have not yet been fully realized important changes, additions and improvements have been made at a cost of over \$40,000. We have put in new boilers and a complete new kitchen equipment, including ranges and refrigerators, and have rearranged and renovated the entire basement floor. The

operating room has also been completely rearranged and renovated and new steam sterilizers installed. A pent house has been built on the roof providing a large, well lighted and heated room for the use of the Occupational Department, and the entire building has been painted throughout. Through the generosity of two of the ladies who have been elected to our Board a very complete and up-to-date X-ray apparatus has been added to our equipment.

Possibly the most notable incident in the life of the Institute in the past two years was the decision to invite ladies to join the Board of Trustees, and we congratulate the Board on the accession to its membership of Miss Mabel Choate, Miss Ruth Morgan and Miss Ruth V. Twombly, whose keen and active interest in the Institute and its work has been an

inspiration and a stimulus to the whole Board.

The Institute continues to grow—the demands upon it grow—the great need and usefulness of such an institution in the life of the City and indeed of the whole Country becomes more and more clearly defined and demonstrated from year to year—and we look forward confidently to a time in the not distant future when the great public which it serves will recognize and appreciate the important work that it is doing, not only along the line of hospital service, but also along the line of neurological education and research, and will provide it with an adequate and suitable building and equipment for that work.

We cannot close this report without referring to the death of Dr. Pearce Bailey which has recently occurred and which has brought deep sorrow to us all. He was one of the founders of the Institute, and his loyalty and devotion to it from the beginning have helped in no small measure to bring it to its present commanding position—as an Institute of Neurological Education and Research—as a hospital rendering a great service to humanity. His death is a loss which cannot be measured—his memory will ever be held in grateful remembrance. Respectfully submitted,

ROBERT THORNE,
For the Executive Committee.

## REPORT OF MEDICAL BOARD-1920.

November 23, 1920.

To the Board of Trustees of the Neurological Institute:

During the past year the medical work of the Institute has maintained a high state of efficiency. The medical organization of the Hospital has been modified in many respects, and we believe under the new arrangement of both the Visiting Staff and the House Staff, our patients are receiving more attention than ever before.

In October, 1920, the new Classification Clinic, under the direction of Dr. Pearce Bailey, opened its doors at 118 East 80th Street, and we expect very soon to present very striking results from the work done at that Clinic.

A group has been organized from the Medical Staff to investigate the subject of epilepsy. The Clinical work is to be done at the Institute, the experimental research is being carried on at the Neuro-Surgical Laboratory of the College of Physicians and Surgeons, Columbia University. As we have insufficient laboratory space at the Institute for experimental work, the investigations had to be carried out in another laboratory.

The Institute, as you know, has received a grant of \$5,000 from the Commonwealth Research Fund to defray the expenses of this Commission, and whatever work will be done will be published as from the Institute. This work has the approval and endorsement of the Medical Board.

We hope also to begin research work on other diseases in the near future.

A good working library for the Resident Staff has long been a necessity, and due to the aid of the Trustees and the Medical Staff, we have founded a good reference library in the Hospital.

I regret to have to record the death, on November 18th, of Dr. James Belden Gere, the Director of the Pathological Laboratory of the Institute. Dr. Gere was a loyal and efficient medical officer for many years. He endeared himself to us all by his pleasing personality and fine character. His death is a great loss to the Institute.

The Secretary of the Medical Board can not end his annual report without again calling to the attention of the Board of Trustees the urgent need, in the Institute, of an X-ray Department. Can not funds be obtained for this purpose?

Finally, we desire to express to the Board of Trustees our sincere thanks for their co-operation, and we desire to assure them that the Medical Board is making and will make every possible effort to continue to maintain the medical work of the Neurological Institute at the highest possible level.

February 28th, 1921.

Since the above report was written, a number of changes in organization and new appointments have been made, which deserve mention.

Thru a gift from two of our Trustees, Miss Twombly and Miss Choate, a much needed X-ray Department has at last been founded, and at this writing X-ray work is being done in the Hospital. The Department is under the charge of Dr. C. W. Schwartz and a technician.

We have a report that the work on epilepsy is progressing satisfactorily. Regular meetings of the Commission are being held once a month.

The investigation of multiple sclerosis is about to be begun, and Dr. Oscar Teague has been appointed Research Fellow, to investigate the infectious nature of this disease. We hope to obtain some important results from the investigations of these two diseases.

Dr. Louis Casamajor was appointed Director of the Pathological Laboratory in the place of Dr. J. B. Gere, deceased, and the Pathological Laboratory is being thoroly reorganized. We hope soon to have a museum of which the Institute and the community may be proud.

Respectfully submitted,

CHARLES A. ELSBERG, Secretary, Medical Board.

## REPORT OF MEDICAL BOARD-1921.

December 1st, 1921.

To the Board of Trustees of the New York Neurological Institute.

## Gentlemen:

During the year that has passed, the medical work of the Neurological Institute has been one of steady progress and advance.

The new X-ray Department has been of invaluable aid to the medical staff both for the treatment of the sick under our care and for scientific study. The rebuilding of the operating room has been a great advantage, for it has made possible considerable advances in the surgical treatment of our patients, and has afforded improved facilities for public clinics and for teaching in this difficult branch of surgical science.

The research work on epilepsy and on multiple sclerosis, which is being done under grants to the Neurological Institute from the Commonwealth Fund, has been pursued with vigor and enthusiasm, and we hope soon to be able to report upon important results from the work. Dr. Oscar Teague, who was appointed Research Fellow in Multiple Sclerosis is in charge of the investigations of that disease, and the work on epilepsy is in charge of members of your Medical Board. We desire also to make especial mention of the fine work that has been done by the Social Service Department in the general work of the Institute as well as in the special research problems in socially maladjusted children. The work in all departments has been commendable.

One of the important functions of our Institute should be educational and the Medical Board has tried in many ways

to further teaching both of graduate and of under graduate students. An increasing number of physicians are attending our medical conferences and the ward rounds. As you well know, we need a large lecture and demonstration room, which will accommodate from fifty to one hundred persons, and we believe that if it were possible to add two more stories to our present building, that then we could have such a lecture room in addition to accommodations for a larger number of patients.

During the past year we have held one clinic for the fourth year students of the College of Physicians and Surgeons in the Out-Patient Clinic waiting room, and this clinic to almost one hundred students was so successful that it will be repeated at regular intervals. Students have also received instruction in our wards by our neurologists and by our Consulting Ophthalmologist.

All this has been made possible through the broad minded policy pursued by the Board of Trustees. Had we but the needed room and the necessary facilities, we feel certain that we could develop greatly as a centre for research and for education in the prevention and treatment of affections and diseases of the nervous system.

There are many institutions for the blind, the feeble minded, the mentally deficient, the insane, and the paralyzed and epileptic, and these institutions are doing a noble work for humanity. How much more important, however, to have adequate hospital facilities where the individual can come before he has become helpless and hopeless! Surely the community must be made to realize the importance of early preventive treatment and when brought to this realization they will mightily support such a hospital.

Your Medical Board feels that the Neurological Institute stands not only for the study and treatment of advanced diseases of the nervous system, but for the study and treatment in early stages, and hence the prevention of nervous and mental disease. The community can be made to realize this not only through the education of the physician and of the student who is soon to enter the medical profession, but also by a thorough campaign of education among the laity. This, we believe, is the common aim of the Board of Trustees and of the Medical Staff and the Medical Board desires to assure the Trustees that the utmost spirit of cooperation to this end exists among the Medical Staff.

The work is being done better than ever before, and this has been possible through the conscientious efforts of the laboratory staff and of every medical officer of the Institute, with the usual efficient aid of the Superintendent, Miss Rivington, and of the Superintendent of Nurses, Miss Dwyer, and of the entire nursing staff.

Respectfully submitted,

CHARLES A. ELSBERG,
Secretary, Medical Board.

## REPORT OF CLASSIFICATION CLINIC.

The Classification Clinic was opened at 118 East 80th Street on October 11th, 1920. It was created for the purpose of furnishing complete physical and mental examinations to non-indigent adolescents who are failing in some way to meet what is required of them.

How widespread among our young men is the inability to comply with the conditions of a not too difficult situation was shown recently by the large numbers rejected at draft boards and camps—approximately 30% of those called; and as far as Class A is concerned, it will be remembered that the Germans in their pre-war statistics found 47% of their recruits unfitted for military service of the first class; and that of our mobilization only a little more than one half of drafted men examined were found to be without physical or mental blemish of significance. The matter concerns boys and girls both, but since boys are, or perhaps it is safer to say have been, up till now, more important as economic assets their careers more in view, the failures of boys have received more attention than have those of girls. It is boys chiefly on whom money is spent, for whom outlay is made, either as commercial backing or as advanced education, and so when investments of this kind turn out badly, it is boys that we hear most talked about.

Now while this problem is of no little importance as it relates to public health, its greatest significance is economic, relating to productiveness and to happiness.

The Classification Clinic is different from a medical clinic in the ordinary sense of the term, as from the outset it regards the person examined as a social unit, determines strong points and weak points, strikes a balance between them, and on the basis of demonstrated capacity determines the particular environment in which he, as an individual, has the best chance to succeed.

The examinations are made irrespective of any symptoms complained of, and all possible means are employed to minimize the chances of error.

The Institute has not as yet been able to finance this Clinic in any way except on a self-supporting basis. Any surplus of Clinic proceeds revert to the Institute, however, to be used by it in its general philanthropic work.

The Clinic has met with a very cordial reception by medical men and especially by head masters and head mistresses of private schools. They have shown great interest by personal inquiry, requests for information, and by referring students from their schools. The officers of the Clinic get many requests to address gatherings of educators, and are preparing a course of lectures to be delivered in January and February to a group of private teachers in New York City. It is expected that lectures to teachers will become a fixed activity of the Clinic.

Pearce Bailey, M. D. Director.

# HOSPITAL STATISTICS

# Cases Treated in the Hospital-1920 and 1921.

	Female	Male	Total
A-Organic Disease of the Nervous System			
Abscess			
Brain	. 3	1	4
I—Neuropathic			
3—Spinal Forms			
(a) Acute ascending	. 1	1	2
II—Myopathic	_	10	
2—Pseudo-hypertrophic type (Duchenne) . III—Mixed Forms	. 5	12	17
Myatonia Congenita (Oppenheim)		1	1
Myatonia Atrophica Acquisita (Talma)		1 3	1 3
Peroneal Neuritic Charco-Marie Tooth		3	3 1
Amyotrophic Lateral Sclerosis		10	21
Cerebral Palsy of Infancy		9	11
Cerebro-spinal intoxication, such as Botulism, Pellagra		ð	11
Infective Neuronitis			1
Chorea	. 1		1
Infectious	. 63	23	86
Convulsive States	. 00	20	00
General			
(a) Morbid brain conditions, inflammatory,			
traumatic, degenerative. Brain Tumor.	. 1		1
(b) Of well recognized toxic cause, e. g. uremic			-
eclamptic, gastrointestinal	,		
(c) Of unknown constitutional causes including	,		
epilepsy	,	74	137
Focal (Jacksonian)		2	2
Deformities (congenital)—Microcephalus		1	1
(acquired)			
Familial Ataxia e. g. Friedreich	. 1	2	3
Marie		0	1
Hydrocephalus			
Obstructive (Hypoabsorptive)			
(Hypersecretive)			
Non-obstructive	. 3	5	8
Other Forms	_		
(Meniere's Syndrome)	. 7	3	10
Meningitis			
Pachymeningitis		1	1
Cerebrospinal		2	5
Tuberculous	. 2	5	7
0.0			

	Female	Male	Total
Other forms (Traumatic)	. 0	1	1
Migraine (opthalmic)		2	4
(other forms)			
Multiple Sclerosis (disseminated sclerosis)	. 40	47	87
Myasthenia Gravis	2	2	4
Myelomalacia (including myelitis)			
Acute	. 0	2	2
Infectious		6	14
Myositis		6	8
Neuralgia (Trifacial)	. 16	19	35
Neuritis (specify form or roots)			
Facial (Bell's Palsy)		3	8
Primary Optic		3	4
Multiple		17	28
Alcoholic		4	6
Traumatic		2	2
Diphtheretic		4	5
Metallic-Lead		10	13
Beri Beri—Diabetes		2	3
Typhoid	. 1	0	1
Leprous			
Other forms—Brachial		9	14
Sciatica		31	50
Radiculitis		4	5
Paralysis Agitans		23	40
Paramyoclonus Multiplex		1	1
Poliomyelitis (acute and subacute anterior)	•		
( '' '' posterior)		-	
Ganglion, Herpes Zoster, etc.	. 0	1	1
Progressive Lenticular Degeneration (including Wilson		1	1
Disease)	. 0	1	1
Neurosyphilis	. 23	225	248
General Paresis		408	491
Tabes	. 00	400	431
Tabo-paresis	. 288	863	1151
Meningo-vascular		11	29
Subacute Combined Sclerosis		5	12
Torticollis Sternomastoid		1	1
Tumor (brain, cord, peripheral nerves)	-	_	1
Brain		54	105
Cord	-	7	13
Peripheral		2	2
гыристаг			

Tr. 1 D:	Female	Male	Total
Vascular Disease			
Focal			
Cerebral (Angiospasm)	_	1	2
(Aneurysm)	. 1		1
Spinal			
Embolism		1	3
Hemorrhage		55	79
Thrombosis		13	19
Caisson's Disease			
Haematomyelia	. 1	4	5
B-Injuries Nervous System, character, location			
Brain (Fractured Skull)		6	7
Spinal cord	•	9	9
Peripheral Nerve			
Ulnar	. 1	22	23
Brachial		2	2
Median	. 2	1	3
C-Endocrinopathies			
Thyroid Syndromes			
Hypothyroidism	. 6	2	8
Hyperthyroidism		4	26
Exophtalmic goitre	. 3	2	5
Pituitary Syndromes			
Hypopituitarism	. 17	11	28
Hyperpituitarism	. 0	1	1
Aeromegaly		0	2
Pituitary neoplasms and cysts		6	10
Thymus Syndromes			
Status thymico-lymphaticus	. 1	0	1
Adrenal Syndromes			_
Hypoadrenalism	. 1	0	1
Pluriglandular Syndrome	_	ŭ	_
Myasthenic states	. 1	1	2
Pluriglandular insufficiency		1	15
Vegetative Nervous System		_	10
Raynaud's Disease	. 1	1	2
Scleroderma		1	1
D—Psychoneuroses	•	_	_
Tics	. 8	12	20
		25	84
Hysteria Neurasthenia		40	80
•		21	64
Psychasthenia		17	43
Anxiety state		4	43 14
Undiagnosed	. 10	4	14

	Female	Male	Total
E-Constitutional Psychopathic State			
Alcoholism	5	11	16
Drug Addiction-Morphine	14	32	46
Emotional Instability	8	7	15
Inadequate personality	4	9	13
Paranoid personality	4	1	5
Pathological Liar	1	0	1
Sexual Psychopathy	11	6	17
Undiagnosed	1	0	1
F—Mental Deficiency			
(a) Moron	5		5
Borderline Condition	2	3	5
(b) Imbecile	6	2	8
(c) Idiocy (Mongolian)	0	1	1
(Amaourotic Family)	1	2	3
G—Psychoses			
1—Traumatic Psychoses	6	15	21
2—Senile Psychoses	1	5	6
3—Psychoses with Cerebral Arteriosclerosis	2	8	10
4—General Paresis	1	1	2
5—Psychoses with cerebral syphilis	-	1	1
9—Alcoholic Psychoses		_	_
(b) Delirium Tremens	1	0	1
(d) Korsakow's Psychosis	1	0	1
12—Psychoses with other somatic diseases			
Influenza	3	1	4
Streptococcus Infection	3	0	3
Infectious	2	2	4
13—Manic Depressive Psychoses	_	_	•
(a) Manic type	12	5	17
(c) Mixed Type	10	3	13
(e) Depressive Type	32	30	62
14—Involution, melancholia	34	11	45
15—Dementia Precox			
(a) Paranoic type	6	2	8
(b) Katatonic type	3	1	4
(c) Hebephrenic type	14	2	16
(d) Simple type	10	9	19
16-Paranoia and paranoical conditions	2	8	10
H-Non-neurological Condition	219	150	369
Undiagnosed	24	41	65
Encephalitis	49	63	112
Meningocele	3	2	5.

# Hospital Patients Classified According to Nationality.

192	1 1920	1921	1920
Armenia 1	3	Ireland 66	68
Austria 47	87	Italy112	197
Australia 2	1	Japan 1	0
Bavaria 1	3	Java 1	0
Belgium 4	2	Mexico 1	1
Bohemia 2	7	Norway 3	5
Canada 32	20	Poland 33	41
Colombia 2	0	Portugal 1	0
Central America 1	1	Roumania 22	22
Cuba 2	2	Russia 481	599
Denmark 2	2	Scotland 9	10
England 36	39	South America 3	3
Finland 1	3	Spain 2	3
France 5	6	Sweden 7	24
Germany 35	81	Switzerland 2	10
Greece 6	11	Syria 1	2
Hayti 1	0	Turkey 2	2
Holland 1	4	United States820	1186
Hawaiian Islands 2	0	Wales 1	2
Hungary 33	49	West Indies 5	2

# Treatments Given in Hospital and Private Clinic.

	Hydro-	Electro-	Mechano-		
1921	therapy	therapy	therapy	Massage	Baking
December	618	538	112	857	103
January	594	563	147	913	85
February	435	584	135	875	76
March	429	655	103	842	148
April	369	404	41	749	· 125
May	369	427	61	637	166
June	421	664	35	810	74
July	438 .	537	31	594	76
August	415	421	17	663	95
September	417	410	45	500	96
October	479	483	56	645	133
November	449	407	111	795	114
Total	5437	6093	711	8880	1291

Total treatments 22,412

# Treatments Given in Dispensary.

	Hydro-	Electro-	Mechano-		
1921	therapy	therapy	therapy	Massage	Baking
December	1212	1257	37	690	208
January	1208	1229	27	631	
February	1175	1175	33	460	241
March	1421	1326	35	595	305
April	1409	1174	31	599	334
May	1418	1179	37	756	357
June	1169	1342	12	668	228
July	1029	1161	2	611	217
August	1092	528	4	468	136
September	1097	850	53	478	163
October	1115	908	54	518	211
November	966	935	52	423	279
Total	14311	13044	377	6897	2679

Total treatments, 37,308

# Operations Performed in the Surgical Department.

From December 1st, 1919, to November 30th, 1920.

Trom December 186, 1919, to revember 5000,		
	No.	Deaths
Total number of operations	162	4
Total number of operations on the nervous system	134	
Total number of operations on the brain	63	
Total number of operations on the spinal cord	19	
Total number of operations on the peripheral nerves	52	
Miscellaneous operations	28	
Operations on the brain	63	4*
Craniotomy, removal of frontal tumor	2	
Craniotomy, exploratory, irremovable tumor	10	1*
Craniotomy, exploratory	2	
Craniotomy, decompressive	12	
Craniotomy, decompressive, unlocalized tumor	2	
Craniotomy, puncture of corpus callosum	6	
Craniotomy, aspiration for brain abscess	1	1*
Craniotomy, division of sensory root of trigeminus		
for neuralgia	17	
Craniotomy, division of supramaxillary and infra-		
maxillary branches of trigeminus for neuralgia	2	
Craniotomy, suboccipital, removal of tumor in cerebello-		
pontine angle	1	1*
Craniotomy, suboccipital, removal of tumors of cere-		
bellopontine angle and medulla	1	1*
Craniotomy, suboccipital, decompressive	5	
Craniotomy, suboccipital, cystic glioma of vermis, par-		
tial excision	1	
Craniotomy, suboccipital, drainage of cerebellar cyst	1	
Operations on the spinal cord and nerve roots	19	
Laminectomy, removal of extramedullary tumor	8	
Laminectomy, decompressive, irremovable intrame-		
dullary tumor	2	
• The second sec		

<sup>\*</sup>Causes of death.

 <sup>72</sup> hours after suboccipital craniotomy and intracapsular enucleation of neuro-fibroma, from respiratory failure.

<sup>2. 96</sup> hours after suboccipital craniotomy and removal of tumors from cerebello-pontine angle and also from the medulla, from medullary softening.

<sup>3. 36</sup> hours after exploratory puncture of brain for ruptured brain abscess.

<sup>4.</sup> After exploratory craniotomy for large infiltrating tumor of frontal and parietal lobes, in shock.

	No.	Deaths
Laminectomy, division of posterior roots	1	
Laminectomy, old fracture of spine	2	
Laminectomy, neuritis of cauda equina	1	
Laminectomy, exploratory	5	
Operations on the peripheral nerves	52	
Neurorraphy, rupture of cords of brachial plexus	3	
Neurorraphy, ulnar	2	
Neurorraphy, ulnar and median	1	
Neurorraphy, median	1	
Neurorraphy, musculo spiral	1	
Neurolysis, ulnar	2	
Avulsion, first and second branches of trigeminus	1	
Alcohol injections	41	
Miscellaneous operations	28	
Appendectomy	9	
Excision, tumor of thigh	1	
Excision, tumor of breast	2	
Excision, cervical gland	2	
Excision, coccyx	1	
Ligation of thyroid vessels	1	
Amputation of arm	1	
Amputation of thigh	1	
Osteotomy	2	
Exploratory laparotomy	2	
Herniotomy	2	
Tenoplasty	1	
Suture of fractured patella	1	
Suture of patellar tendon	1	
Reduction of fracture of tibia and fibula	1	

# Operations Performed in the Surgical Department.

From December 1st, 1920, to November 30th, 1921.

	No.	Deaths
Total number of operations	149	6
Total number of operations on the nervous system	137	
Total number of operations on the brain	<b>54</b>	
Total number of operations on the spinal cord	18	
Total number of operations on the peripheral nerves	65	
Miscellaneous operations	12	
Operations on the brain and its adnexa	54	4*
Craniotomy, removal of frontal tumor	2	
Craniotomy, exploratory, irremovable tumor	3	2
Craniotomy, exploratory, metastatic carcinoma of brain	1	1
Craniotomy, exploratory, multiple melanosarcoma of		
brain	1	
Craniotomy, exploratory, Jacksonian epilepsy	1	
Craniotomy, exploratory	5	
Craniotomy, exploratory, with decompression	5	
Craniotomy, decompressive	3	
Craniotomy, puncture of corpus callosum	4	
Craniotomy, division of sensory root of trigeminus		
for neuralgia	11	
Craniotomy, suboccipital, removal of tumor in cere-		
bello-pontine angle	1	
Craniotomy, suboccipital, partial removal of vermis		
tumor	1	
Craniotomy, suboccipital, irremovable tumor in cere-		
bello-pontine angle	1	
Craniotomy, suboccipital, irremovable cerebellar tumor	2	1
Craniotomy, suboccipital, evacuation of cerebellar cyst	1	
Craniotomy, suboccipital, evacuation of cyst in cere-		
bello-pontine angle	1	
Craniotomy, suboccipital, decompressive	9	
Excision of cervical meningocele	2	
Operations on the spinal cord and nerve roots	18	2*
Laminectomy, removal of extramedullary tumor	3	
Laminectomy, partial removal of extramedullary tumor	2	1
Laminectomy, fresh fracture of spine	1	1
Laminectomy, division of posterior roots	4	
Laminectomy, exploratory	Ŀ	
Laminectomy, decompressive	1	
Laminectomy, decompressive, for meningomyelitis	1	

	No.	Deaths
Operations on the peripheral nerves	65	
Neurorraphy, rupture of cords of brachial plexus	1	
Exploratory, rupture of cords of brachial plexus	2	
Neurorraphy, ulnar nerve	1	
Avulsion, first and second branches of trigeminus	1	
Facial-hypoglossal anastomosis	1	
Excision of neuroma	1	
Neurolysis of median nerve	1	
Neurolysis of ulnar nerve	1	
Infiltration of saline for sciatica	4	
Alcohol injections	52	
Miscellaneous operations	12	
Appendectomy	2	
Excision of lipoma	1	
Amputation of breast	1	
Amputation of leg	1	
Radical mastoid operation	1	
Hernioplasty	1	
Incision and drainage cellulitis of leg	1	
Excision, supraorbital tumor	1	
Tendon transplantation	1	
Excision of dermoid cyst		
Excision of cyst of breast	1	

### \*Causes of death:

- Seven weeks after removal of tumor of parietal lobe, from exhaustion.
   Post-mortem examination showed three other tumors, one in posterior fossa, one in each frontal lobe. Pathological examination—adenocarcinoma.
- Two weeks after exploratory eraniotomy for infiltrating glioma of temporal lobe. Post-mortem examination showed infiltrating irremovable growth with fresh hemorrhage into tumor.
- Four days after exploratory craniotomy and exposure of degenerated infiltrating tumor of frontal lobe.
- Six days after suboccipital craniotomy for vermis tumor. Post-mortem examination showed infiltrating tumor (glioma) of anterior portion of superior vermis.
- Two months after exploratory laminectomy for recent fracture of V and VI cervical vertebrae with crush of cord. From ascending softening. No autopsy.
- Four days after laminectomy and partial removal of large intradural sarcoma of upper thoracic and of greater part of cervical cord. Death with pulmonary symptoms. No autopsy.

### LABORATORY REPORT.

To the Trustees of the Neurological Institute. Gentlemen:

During the past two hospital years, 18,280 examinations were made in the Laboratory, of which 9,098 were in 1920, and 9,182 in 1921, making an approximate average of 30 per working day. Although the statistical increase for 1921 was relatively small, yet the volume of work bulked larger owing to the inclusion of new tests, particularly chemical blood analysis, which are now considered an essential part of the general routine.

The activity of the Department has been further increased by the admission of private and semi-private patients primarily for laboratory tests, and also by examinations on patients, referred from the Endocrine Clinic and Social Service Department, as well as on specimens sent in from the Classification Clinic. It has been felt that through such diversification of work the laboratory is best able to serve the

interest of the Institute as a whole.

The gradual expansion of the laboratory's sphere of activities in the past two years has resulted in taxing the physical equipment and personnel to the utmost, so that frequently we are cramped for room. It is anticipated, however, that this condition will be relieved in the near future by utilizing space now available in the old laboratory, which, together with the installation of some new apparatus, will facilitate the work considerably. It is also hoped that such addition of space and equipment will enable the Department to undertake problems of research and special investigations.

With the growing demand for estimations of basal metabolism, particularly in endocrine disorders, it is expected that provision will soon be made to take care of this procedure, which is deemed by many physicians to be of distinct value

in diagnosis, prognosis and treatment.

Respectfully submitted,

OLIVER S. HILLMAN,

Director of Laboratory.

### SUPERINTENDENT'S REPORT.

To the Trustees of the Neurological Institute of New York: Gentlemen:

During the last two strenuous years a beginning was made to make the hospital more habitable. During the alteration period it has been difficult to carry on the work, nor has it been always comfortable or convenient for the patients but they have been most forbearing and made very few complaints. It was necessary to close the hospital for twenty-four days in August, 1920, while the new heating plant was installed, the kitchen and storerooms were completely torn up and renewed. However, the Out-patient and treatment departments, except Hydrotherapy, were maintained while the whole building had a thorough housecleaning and painting.

The gift of a splendid X-ray plant by two of your members, Misses Choate and Twombly, has removed a tremendous handicap and facilitates the work enormously, though it meant reducing the bed capacity of the hospital.

Adequate quarters have been secured for the Occupation therapy department, which plays such an important role in restoring the patient to normal health again.

The changes in the Operating Room and the installation of modern sterilizers helps the work in that Department. We are glad to have a Social Service Department. It was possible to house it by giving up a two bed ward for an office.

With grateful acknowledgment for the splendid co-operation of the Board of Trustees, the Medical Board and Staff and the Hospital Personnel.

Respectfully submitted,

E. F. RIVINGTON,
Superintendent.

# Patients Admitted to the Hospital.

Private— Male Female Semi-Private—	1921 132 128	1920 217 136	1919 305 250
Male	138	155	
Male         Female           Free—	$736 \\ 404$	1,146 610	1,088 5 <b>7</b> 8
Male	22 23	19 20	52 39
_	1,789	2,473	2,312
NUMBER OF PATIENT DA	YS.		
Private	5,493 16,912 3,051	5,374 18,147 3,238	4,900 19,073 3,708
	25,456	26,759	27,681
DISPENSARY PATIENTS			
Number of new patients	5,574 7,769 37,308	6,441 7,363 37,671	6,534 7,515 38,277
Morning Private Patient	CLINIC.		
New Patients	2,463 900		
ENDOCRIN WEEKLY CLIN	ic.		
New Patients	130 400		
Average Days Stay per patient	\$1		1920 11 12.16 5.12 .66 1/3

The decrease in the number of private patients admitted, means the patients are remaining longer in the Hospital. Notice the increase in patient days.

There was diminution in ward patients admitted, due to a decrease in

number of ward beds.

# Comparative Cash Statement for Three Years Each Ending November 30th.

	1919	1920	1921		1010	1090	1001
To Gross Earnings From:				Salarias and Wages	010000000	0701	1761
Private Patients	845 716 97	854 AR9 BE	\$54 161 0G	Dronision and Wages	\$1.606,604	\$94,485.U4	\$122,683.10
O D and Word Datients	00 101 00	00.004,400	00.101,±0¢	Frovisions and Supplies	42,733.79	47,095.15	43,769.91
S. F. and Ward Patients	67,125.09	65,158.31	66,420.50	Rent	18,824.00	8,617.60	8,147.00
Special Nursing	25,468.57	27,657.98	32,505,85	Medical and Surgical Supplies	5,477.45	6,657.87	6,346,38
Dispensary and Treatments	17,362.65	20,671.03	24,374.78	House Supplies	1,391.22	1,716.00	2,186.66
Miscellaneous Receipts	16,610.35	29,407.81	36,514.10	Laundry	8,282.83	9,666.17	9,779,78
				Printing, Stationery and Postage	1,632.00	2,213.96	1,672.19
	\$17	\$196,348.68	\$213,976.29	Telephone and Telegraph	1,353,64	1,452.03	1,919.15
Less accounts charged of above	3,930.92	2,578.79	3,064.91	Repairs and Supplies	2,239.94	8,655.02	5,650.92
				Fuel and Light	8,948.59	10,284.78	9,275.29
Cash Receipts	\$169,	\$193,769.89	\$210,911.38	Hospital Sundries	3,967,52	4,871.87	5,249.88
Advance Payments from Patients	192,96	1,019.58	3,647.17				
Donations as per List	19,015.91	20,388.78	32,985,00		\$180,184,16	\$195,715.40	\$216,680.26
Loan acct	5,000.00			Loss accounts unpaid of above.	2,591.38	4,322.74	2,877.59
	\$193,561.58	\$215,178.25	\$247,543.61		\$177,592.78	\$191,392,75	\$213.802.67
Balance at beginning of year	6,331.06	7,001.21	6,564.40	Roof Garden Expenses	1,539.90	1,859.87	2,011.14
				Apparatus and Instruments	893.27	247.01	201.58
				Furniture, Fixtures and Equipt.	3.430.05	7.952.15	3 989 15
				Social Service	4 227 50	5 199 91	4 686 30
				Duonoid Personsos	1 444 50	769 40	1,090 60
				Frepaid Expenses	1,444.00	105.40	1,020.05
				deneral Miscellaneous		5,389.30	8,544.22
					\$189,128,08	\$212.733.69	\$234.255.74
				Balance in U. S. Mtg. & Tr. Co.	7,001.21	6,364,40	11,194.65
				Cash in hands of Supt	800,00	800.00	800.00
				Balance in hands of Treasurer	2,654.41	2,281.37	7,657.62
	\$199,583.70	\$222,179.46	\$253.908.01		\$199,583.70	\$222,179.46	\$253,908.01

Operating Expenses and Earnings for Three Years Ending November 30th.

\*Indicates Surplus.

# REPORT OF SUPERVISOR OF NURSES.

To the Trustees of the Neurological Institute: Gentlemen:

Since September 1st, 1910, the Neurological Institute has been giving a post-graduate course to graduates of registered schools of nursing. During that period we have graduated one hundred and forty nurses. We are justly proud of a few of these women who have made good in executive work, and also of the larger number who have done excellent work in the private nursing field along this line.

The demand for nurses having this training is increasing yearly. We have frequent requests for women to fill positions in mental hospitals and for private duty.

Our course at present covers the following:

# Lectures on

Anatomy and Physiology of Brain and Spinal Cord.

Pathological Conditions of Spinal Cord.

Nursing in Brain Diseases.

Care of the Mentally Disordered—Dementia and Depressions.

Treatment of Fits.

History of Syphilis—First and Second Stages.

Syphilis of Central Nervous System.

Tabes—General Paresis, etc.

Significance of Laboratory Tests.

Neurasthenia, Psychasthenia and Hysteria.

Illusions, Delusions and Hallucinations.

Nursing of Alcohol and Drug Cases.

Surgical Nursing Following Brain and Spinal Cord Operations.

Psychology and Mental Testing. Neuro-endocrinology.

Class and Demonstration Work in: Hydrotherapy— Occupational Therapy, etc.

Since October 1st, 1919, we have had an eight-hour day for the nurses. The course covers a period of six months and Thirty Dollars per month and maintenance is allowed.

During the years 1920-1921, twenty-two nurses entered training; fourteen graduated, two resigned and six are still in training.

We very much appreciate the co-operation and assistance rendered by the Medical Staff in the teaching course and for their care of the nurses in illness.

Respectfully submitted,

G. M. DWYER, R. N., Supervisor of Nurses.

# REPORT OF THE DEPARTMENT OF SOCIAL RESEARCH.

To the Trustees of the Neurological Institute of New York: Gentlemen:

Permit me the honor of submitting the following report of the Department of Social Research for the year ending No-

vember, 1920:

During the year 1,326 new cases were referred to the Department. This number shows an increase of 68 over last year's figure—1,258. There would have undoubtedly been a larger increase, if it had not been for the fact that during the period of alterations made in the Institute the work of the Department was greatly lessened. 846 patients of the above total number were referred from the year's clinic. This represents 13.41 per cent. of the clinic's registration.

Within the Department the proportion of work done for the clinic was 69.00 per cent.; for the house 13.49 per cent.; for the morning clinics, including the Endocrine, 7.54 per cent.; the remaining 9.07 per cent. was referred by physicians

for the most part connected with the Institute.

Of the total number of cases referred, 935 were sent for psychological examination. As 5 failed to keep their appointments, 930 new patients were tested. There were 44 patients re-examined, bringing the total number tested to 974.

In regard to the social work of the Department, the demands have been varied. The extremes are probably from arranging for a patient to be seen in the clinic to arranging for a patient to be sent back to her home in Europe. The former type of case requires little effort or thought; the latter a great deal of time and effort. Many adjustments in the homes and schools have been made. Complete investigations of 56 families were made. As there are no funds for relief in the Department; where this is necessary, the patient is referred to other social organizations.

The personnel of the Department has not changed during

the year.

Respectfully submitted,

GLADYS G. TALLMAN.

### REPORT OF PSYCHOLOGICAL LABORATORY.

Permit me the honor of submitting the first annual report of the Psychological Laboratory for the year ending November 30, 1921.

Owing to the increase in the number of cases referred to the Department of Social Research last Spring the department was divided and the Social Research and Service Department and Psychological Laboratory emerged. All the social work of the year done before the separation appears in the report of the Social Service Department.

The nature of the source of the cases sent to the Psychological Laboratory has not changed. Patients are referred from the Dispensary, Morning Clinics, Endocrine and Hospital Departments and some by physicians connected with the Institute.

This year 897 patients were referred to the Laboratory. This figure shows the slight decrease of 33 patients from last year's total. It does not seem possible to account for this, except by the fact that the total number of cases taken into the Dispensary—which is the main source—has been limited so that a decrease shows there too. 634 cases or 11.37% of the total number accepted in the Dispensary were referred to the Laboratory. This number represents 70.68% of the new work done in the Laboratory. The total number of patients tested, including re-examinations, is 1,026.

An age and sex distribution is of interest in that in the following table it may be seen that more males than females were referred. The youngest patient was 9 months; the oldest 65 years. Between the ages 10 and 14 years fall the greatest number of female patients—104. The greatest number of male patients—185—falls between the same ages. The main difference in the two sexes seems to be that markedly more male patients are referred between the ages 5-14 years, but more

females between the ages of 20-30 years. If these ages represented the total dispensary trend it would be interesting to see if this tendency were suggestive of an earlier development of difficulty in the males or a more persistent difficulty in the females.

# AGE AND SEX TABLE.

Years.											
	-4	5-9	10-14	15-19	20-24	25-29	30-39	40-49	50-59	60	Total
Sex											
Female	17	73	104	63	37	39	23	7	I	2	366
Male	26	168	185	64	29	25	20	10	2	2	531
					_	_	_	_			
Total	43	241	289	127	66	64	43	17	3	4	897

The complaints for which patients are referred are too varied to enumerate. In the case of the child or adolescent the work to be done is usually to obtain an intelligence rating to help in the disposition of the case. If the child is a conduct case it is useful to know just how much he is capable of accepting in the way of reasoning or discipline. If he is definitely feebleminded in where will he best fit? Perhaps he is normal intellectually but upset emotionally. What lines of emotion show the most disturbance?

In the case of the adults the problem is usually to determine by test if the patient is (1) inferior, due to a condition of amentia or deterioration; (2) average but showing signs of deterioration or (3) average in intelligence but abnormal in emotion.

Practically all patients are given an intelligence test as a basis with other supplementary tests at the discretion of the examiner or the suggestion of the physician. The Terman revision of the Binet-Simon is used with patients having little or no language difficulty; the Pintner & Patterson Motor Tests with those having language difficulty or sense depriva-

tion. Various association tests are used in trying to solve emotional difficulty. The patient's condition as revealed in the test is summed up in a psychological interpretation—not diagnosis—and a report filed with the records of the physical condition. Disposition of and recommendation for cases are made if requested by the physician. As the work of the Department is purely experimental the actual carrying out of recommendations is turned over to other agencies.

The personnel of the laboratory has remained practically the same: Alice E. Paulson, M. A., is the part time worker; Richard H. Paynter, Ph. D., the volunteer part time worker, also substitute during vacation times; Helen Meyer, M. A., substitute worker.

This report is respectfully submitted,

GLADYS GRIFFITH TALLMAN, M. A.,

Director, Psychological Laboratory.

# REPORT OF THE SOCIAL RESEARCH AND SERVICE DEPARTMENT.

To the Board of Trustees of the Neurological Institute. Gentlemen:

Owing to the increasing demands on the Department of Social Research, in May a reorganization of the work took place, and the Social Research and Service Department which had formerly been under the direction of the Psychologist, became a separate unit. An extra worker was added. Miss Lula Rainey who for some years had done successful case work for the Institute, continues with the new Department, and has been an invaluable help in the work of reorganization.

At present the Bureau consists of two salaried Workers and one Volunteer giving half time service, with two additional volunteers available for extra work, as escort to clinics, visits

to outlying districts, etc.

The work has continued to show a steady increase and we find ourselves, like all other Social Service Departments, having more cases referred than we can adequately care for. While all emergency demands are given the required aid, an effort is made to select for intensive work those cases giving the best promise for constructive work and successful adjustment.

At present there are two distinct divisions to the work of the Department; first—General Social Service; second—Re-

search, a study of the problem or maladjusted child.

Of the many activities in which the Department is engaged, none presents so serious a problem as that of country convalescence for our particular type of patients. While some figures have been kept of rejections on the grounds of unsuitability, they are of little statistical value as doctors no longer refer these cases, realizing the lack of provisions for their care in the community. This group comprises: first, epileptics; second, Borderline case; third, mental defects; fourth, adolescent boys. Institutions to care for this group are urgently needed.

Cases referred to Social Service are drawn mainly from the Out-Patient Department. In October the percentage of new cases referred was 10%; in November 12.7%; while the percentage of House cases referred was, October 3.4%, November 4.3%. As our staff increases we hope to develop further this branch of the service.

In October we were fortunate in securing the services of Miss Alice Smith, case Worker, who came to us as a Volun-

teer giving half time to the Endocrine Service.

In May a special study of the maladjusted child was undertaken, directed by Dr. Sanger Brown who was later joined in this work by Dr. Marion E. Kenworthy. The group to date comprises 50 children—17 girls, 33 boys. The plan has been to work only with the child of normal intelligence.

A distinct routine is followed in each case. The children are referred from the Institute clinic where they are first given a thorough physical examination, and are selected with reference to the problem they present and their possibilities for adjustment. Each child is given a psychometric test and Wasserman, after which a careful social history is taken as to heredity, development, habits, personality, environment,

and school progress.

The child then comes to the "Problem Clinic" where the psychiatrist sees him for the first time with this data. A stenographer attends the clinic to take down the findings and recommendations. These are filed with the social history, and in this way are readily available for study. A systematized follow-up is carried out by which the children are kept under fair supervision in the home and school and are faithful in clinic attendance.

As many of the children come from distances, as the outlying sections of Brooklyn, etc., this would not have been possible for one Worker were it not for the efficient help given her by Miss Sydney Spencer and Mrs. R. Geddis, Volunteer Workers, who took certain selected cases and followed them from the start to a satisfactory adjustment.

Respectfully submitted,

MARY A. TOBIN, Director. Social Research and Service.

# Neurological Institute.

Social Service Department, November, 1920-November, 1921.

	New cases	Old cases	Total cases	Visits
December	24	7	31	24
January	34	4	38	24
February	21	6	27	30
March	26	15	41	35
April	35	7	36	69
May	52	10	62	59
June	76	19	95	97
July	48	18	66	53
August	31	31	62	82
September	39	41	80	84
October	47	43	90	105
November	56	39	95	105

Total number of cases for the year-723.

Approximately 16% of these 723 cases referred to our Department were what is known as Slight Service cases, that is, patients given temporary help and whom it was not necessary to follow up.

Total number of visits for the year-767.

### REPORT OF OCCUPATION DEPARTMENT-1920.

Owing to several changes in the personnel of the department during the past year, it is not possible to make an annual statement in regard to the number of patients given occupations but the average daily attendance has been about the same as last year.

The work in general has covered the usual subjects taught in this department, but greater emphasis has been given to weaving. A few new subjects, such as batik, tied and dyed work, have been introduced and received with enthusiasm. As the average patient stays but a few weeks, occupations in which the finished article can be completed within this time, have proved the most popular. This excludes many interesting crafts, such as metal work, bookbinding, etc. Nevertheless, for therapeutic reasons, it is to be hoped that the pottery work, just started, will be well developed during the coming year. Through the courtesy of the Greenwich Settlement House it will be possible to have the work fired. This will give a decided interest, which otherwise would be negative.

It is the aim of this department to make the class work, for the post-graduate nurses, as thorough and comprehensive as the limited time will permit. With this in view, every subject successfully used in occupational therapy will be considered, with its application, not only for neurological and psychiatric cases, but for Public Health Service, army and tubercular hospitals, and work for the blind.

Respectfully submitted,

Julia S. Alexander.

# OCCUPATION THERAPY DEPARTMENT REPORT—1921.

To the Trustees of the Neurological Institute. Gentlemen:

The roof is now the most popular part of the hospital. The new occupation shop has filled a long felt want and is ideal for the work. It is open from nine to twelve and from one until five. In good weather there are from twenty to twenty-five patients to enjoy it, and even on the stormiest days there are at least ten or twelve who come for change of scene, the air and work.

Basket weaving is the most popular craft. The men like to make waste baskets and trays, and if they do not like the weaving part, the sawing of the wooden bases, boring holes for the spokes and painting or varnishing the finished product appeals.

The women make work baskets, sandwich plates, fruit and flower baskets by the dozen. For the most part every one who comes to the roof is willing to work, even eager to do it, and often there is a line waiting their turn to be shown what to do next.

Chair caning is another craft, not so popular but useful. During the year we have reseated a number of chairs belonging to the hospital. This is more of a man's job and requiring concentration and patience which is very good for certain types.

Rake knitting is something that can be done with one hand and a number of baby caps and sweaters were knitted by patients who thought they were unable to do anything. Finding out that they could make something worth while in spite of their handicap, reacted happily on them. One patient spoke of the restful feeling the knitting gave her and she slept better when she could knit for awhile before going to bed.

We have a printing press and print treatment cards and census and diet sheets. The young men usually like to run and clean the press and set type, and sometimes turn out surprisingly good work. The paper has to be cut the right size and that makes an easy occupation for someone.

Clay modeling, wood carving, decorative painting and leather tooling are done. Several hooked and crochet rugs have been made, and the cutting up of old silk stockings into material for the rugs is occupation for someone who could not do other things.

The phonograph is very much enjoyed, as was also a concert given by the Hospital Music Association.

Respectfully submitted,

ALICE F. GORMLY.

# DONATIONS TO FUND TO PURCHASE AND IMPROVE BUILDING USED AS HOSPITAL, DECEMBER 1, 1919, TO NOVEMBER 30, 1920:

Dr. Pearce Bailey	\$5,000.00
Mr. M. F. Burns	1,000.00
Mr. C. C. Burlingham	150.00
Mr. George H. Bull	100.00
Mr. James Byrne	500.00
Mr. Chas. M. Chapin	1,000.00
Mrs. Jos. H. Choate	5,000.00
Miss Mabel Choate	10,000.00
Mr. J. William Clark	100.00
Mr. and Mrs. W. R. Coe	5,000.00
Dr. Joseph Collins	5,000.00
Dr. C. Burns Craig—from anonymous donor	10,000.00
Mr. Sherman Day	1,000.00
Mr. H. W. DeForest	500.00
Mr. Roswell Eldridge	500.00
Dr. C. A. Elsberg	5,000.00
Dr. C. A. Elsberg (from Surgical Fund)	1,500.00
Mrs. E. D. Faulkner	250.00
Mr. Watson M. Freer	1,000.00
Mr. Walter E. Frew	100.00
Mrs. K. Haas	250.00
Mrs. F. E. Hagemeyer	100.00
Mr. J. Horace Harding	500.00
Mr. Charles Hayden	1,500.00
Mr. Siegfried H. Kahn	100.00
Mr. G. H. Kent	100.00
Dr. Foster Kennedy	1,000.00
Mr. Henry K. Knapp	1,000.00
Mr. Alfred E. Marling	500.00
Mr. Robert P. Perkins	5,000.00
Mr. Samuel F. Peters	1,000.00
Mrs. Wm. M. Polk	100.00
Mr. Herbert L. Pratt	100.00
Mr. Bernon S. Prentice	100.00
Mr. Percy R. Pyne	1,000.00
Mrs. I. L. Rice	500.00
Mrs. John Wallace Riddle	2,000.00
Mr. Alfred J. Rosenthal	500.00
Mr. John D. Ryan	5,000.00

Mr. John Sanford	\$100.00
Mr. Donald Scott	150.00
Mr. Chas. Scribner	1,000.00
Mr. H. J. Soria	250.00
Mr. Charles Steele	5,000.00
Mr. Sidney M. Sternbach	250.00
Mr. Harry M. Stevens	100.00
Dr. Walter Timme	5,000.00
Mrs. W. K. Vanderbilt	5,000.00
Mr. Thos. F. Vietor	500.00
Mr. A. W. White	100.00
Mr. Richard H. Williams	5,000.00
Mr. Harrison Williams	1,000.00
Mr. R. Thornton Wilson	1,500.00
Dr. Edwin G. Zabriskie	5,000.00

# CONTRIBUTIONS FOR CURRENT EXPENSES DECEMBER 1, 1920, TO NOVEMBER 30, 1921.

Mr. Robert P. Perkins	\$7,500.00
Mr. Richard H. Williams	5,000.00
Mr. Harrison Williams	5,000.00
Mrs. R. H. Williams	-
Mr. Clarence Dillon	2,500.00
Mr. C. V. Rich	2,500.00
Anonymous	
Mr. R. Thornton Wilson	
Dr. Frederick Tilney	
Dr. C. A. Elsberg	-
Mr. Charles Scribner	
Mr. Guy Cary	
Mrs. Alfred Mitchell	
Mr. Charles Steele	. 1,000.00
Mr. E. P. Swenson	650.00
Mr. Sherman Day	_
Senora Manuel de Carreno	-
Mr. Horace S. Myers	
Mr. J. B. Lowell	. 100.00
Mr. J. L. Buttenweiser	
United Hospital Fund	
Total	\$38,494.26

# LIST OF DONATIONS FROM DECEMBER 1, 1919, TO NOVEMBER 30, 1920, OTHER THAN THOSE RECEIVED THROUGH DISTRIBUTION OF CARDS.

The Bachelors (Courtesy of Mr. Horace Stebbins)\$	625.00
Balfour, Williamson & Co	25.00
Mr. Abraham Beller	10.00
Mr. Percy Chubb	25.00
Mr. Max Eisman	10.00
Mr. Richard F. Howe	500.00
Mr. R. S. Kursheedt	25.00
Mr. Walter G. Ladd	1,500.00
Mr. Edmund J. Levine	10.00
Mrs. Charles Neave	25.00
Mr. William H. Porter	100.00
Mr. Jacob H. Schiff	100.00
Franklin Simon & Co.	10.00
Mrs. William S. Sloan	10.00
Mr. H. Boardman Spaulding	10.00
Mr. George W. Spitzner	50.00
Mr. Richard H. Williams	
Mr. R. Thornton Wilson	, 0
Mr. Henry Wollman	375.00
MI. Henry Womman	1.00

# DONATIONS FOR SPECIAL FUNDS.

# CLASSIFICATION CLINIC.

Mrs. E. H. Harriman		\$3,750. 5,000.
	\$5,000.	\$8,750.
X-RAY FUND.		
Miss Mabel Choate		
		\$6,750.31
Investigation of Multiple Scli	EROSIS.	
Commonwealth Fund	• • • • • • • • •	.\$2,000.00
DEVELOPMENT AND EXPANSION OF SOCIAL RES	EARCH DEP	ARTMENT.
Commonwealth Fund		.\$2,000.00
EPILEPSY RESEARCH. Commonwealth Fund		.\$3,000.00
To Endow Bed in Children's \	WARD.	
Through Dr. J. Ramsay Hunt, \$5,000 Milwa Shore and Western R. R. bonds		

# PLEDGE CARDS—ANNUAL SUBSCRIPTIONS DECEMBER 1, 1919, TO NOVEMBER 30, 1921.

1920	1921
Mrs. Isaac L. Rice\$ 10.00	\$ 10.00
Miss Muriel Rice 10.00	
Miss Muriel Rice, 2nd 10.00	10.00
Miss Julian Rice 10.00	
Mrs. Marion Rice Hart 10.00	
Mrs. Marion Rice, 2nd 10.00	10.00
Mrs. Dorothy Rice Sims 10.00	
Mrs. Jean Rice Lewis 10.00	
Mrs. Marjorie Rice Lewis 10.00	
Mr. Isaac L. Rice, 3rd 10.00	10.00
Mr. Isaac L. Rice, Jr 10.00	
Mr. H. A. Elsberg 25.00	25.00
Mr. Edwin Brucks 10.00	10.00
Mrs. J. R. Ballerstein 100.00	100.00
Mrs. Albert Erdman 25.00	25.00
Mrs. Wm. Schall	25.00
Mr. Isaac Townsend 100.00	100.00
Mrs. Walter G. Ladd 100.00	100.00
Mr. Walter G. Ladd 100.00	100.00
Mrs. J. Coleman	
Mrs. A. J. Sperry 10.00	
Miss Jane Scholle Erdman 10.00	10.00
Mrs. Amy H. Colman 10.00	
Mrs. Charles Goodman 10.00	
Mrs. J. H. Rosenthal 10.00	
Mr. F. H. Anson 100.00	
Mr. Walter C. Arensberg 10.00	10.00
Mrs. Paul Lowinger 10.00	
Mrs. Helen G. Newberger 10.00	
Mrs. Leo Furchgott 25.00	
Mrs. Charles S. Spigelberg 10.00	
Mrs. Olga B. Huff 10.00	
Mrs. E. Reinheimer 10.00	
Mr. F. E. Pierce 25.00	

	1920	1921
Mrs. Louis Nove	10.00	10.00
Mrs. Blanche S. Ames	10.00	10.00
Mrs. Josephine Jacobs	10.00	10.00
Mr. William I. Jacobs	25.00	25.00
Mr. E. D. Friedman	10.00	
Mrs. O. G. Innes	10.00	
Mrs. Joan S. Wildberg	10.00	10.00
Mrs. A. C. Kaufman	10.00	
Mrs. N. Blumenthal	25.00	
Mr. Conrad Prehs	25.00	
Mrs. D. W. Levy	10.00	
Mrs. Charles S. Untermeyer	10.00	10.00
Mrs. Maurice Denzer	10.00	
Mr. I. Henry Hirsch	10.00	10.00
Mr. Adolph Hirsch	10.00	
Mrs. Clarence Millhiser	25.00	
Mrs. E. Moses	25.00	25.00
Mrs. Percy R. Pyne	25.00	25.00
Mrs. Harriet Satenstein	10.00	
Mr. Ernest Ellinger	10.00	
Mrs. Milton Bernstein	10.00	10.00
Mr. W. Boardman Spalding	10.00	10.00
Mrs. A. C. Israel		10.00
Mrs. R. J. Leavy		25.00
Totala		<u> </u>
Totals\$1,	175.00	\$735.00

#### DONATIONS.

Financial donations for special occasions were received from the following:

Mr. Sherman Day
Mr. Robert P. Perkins
Dr. Charles A. Elsberg
Mr. Henry Rogers
Dr. Oliver S. Hillman
Mr. Charles Scribner
Mr. Charles Klingenstein
Mrs. Etta Smith
Mr. H. K. Knapp
Mr. Robert Thorne
Mr. W. G. Ladd
Mr. Isaac Townsend
Mr. James Lowell
Mr. Harrison Williams

Mr. Richard H. Williams

The following gifts were thoroughly enjoyed and appreciated by the patients and added to their comfort and happiness:

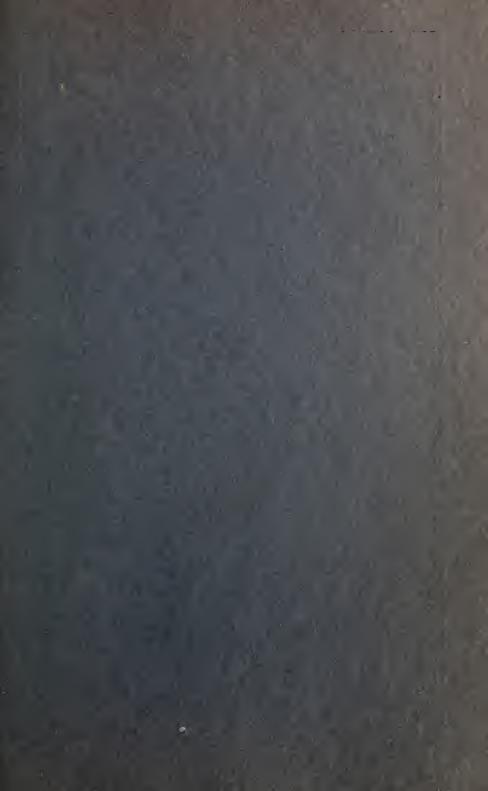
Christmas greens, trees and holly, raisin bread, Christmas stockings, candy, toys, dolls, cut flowers and plants, a large number of books, magazines; ice-cream and cake for a special festival; chart covers, apples, Victrola records, jellies, jams, marmalades, eleven rugs and telatherm apparatus for Electrical Room were received from the following:

Miss Belle Brazie Mr. & Mrs. W. G. Ladd Capt. John F. Cahan Dr. Charles McKenderee Mr. Robert P. Perkins Mr. Sherman Day Mrs. A. E. Erdman Mrs. Frank Pine Miss Jane Erdman Mrs. Rabinowitz Miss Gibbs Shults Bread Co. Mrs. Etta Smith Mrs. Goethals Miss Gertrude Hencken Mrs. Stephens Mr. Samuel Hunter Mrs. Stout

Miss Marie E. Jarvis

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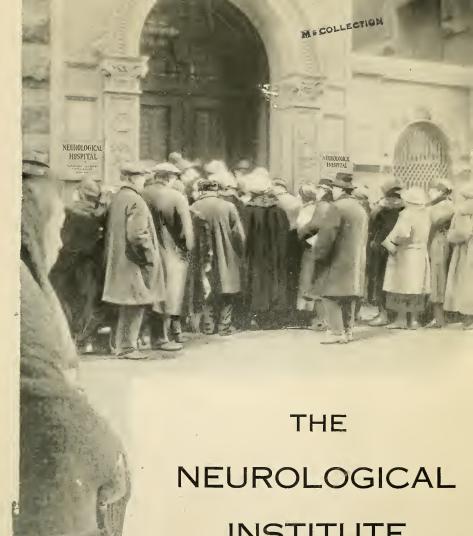
Mr. & Mrs. R. H. Williams



# Form of Bequest

## Form of Devise of Real Estate

I give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all the c. (Here describe the property.)



OM ROOM. ISON MILL. AMS. INSTITUTE

OF NEW YORK

149-151 EAST 67TH STREET

TWELFTH REPORT 1922







#### TWELFTH REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF

NEW YORK

FOR THE YEAR ENDED NOVEMBER 30, 1922

NEW YORK CITY 149-151 EAST 67th STREET

# THE NEUROLOGICAL INSTITUTE OF NEW YORK

For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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#### Director of Physical Therapy A. W. OFFENTHAL, M. D.

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IOHN HOMMEL

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**Gymnastics** HELMAR WESSMAN

Superintendent ESTHER F. RIVINGTON, R. N.

Supervisor of Nurses
GERTRUDE M. DWYER, R. N.

Financial Secretary MRS. JOHN BLAIR

Cashier EDWARD A. POWERS

Night Supervisor
MARGARET LEE, R. N.

Dispensary Supervisor MARY DOBECK, R. N.

Registrar MRS. D. HORNER

Private Floors
- ALICE WALSH, R. N.
MILDRED STEVENS, R. N.

Women's Wards BEATRICE WALLACE, R. N.

Men's Wards IDA M. WAKELEE, R.N.

Occupation Department ANNIE F. GORMLY

The Following Reports and Statistics are for the Year Ended November 30, 1922

# In Memoriam

#### RICHARD HENRY WILLIAMS

At the first meeting of the Trustees of the Neurological Institute after the death of Richard H. Williams, the following minute was unanimously adopted:

The Board of Trustees record with profound grief the death of their associate, Richard H. Williams, on April

28th, 1923.

Mr. Williams, an original member of the small group who undertook to give form and permanence to the idea of its originators by the organization of this institution, served continuously as a Trustee and successively as its first President from 1909 to 1914, and subsequently as Vice-President to his death. He gave to it ungrudgingly of himself, and both by his personal service and by his material help he contributed in very large measure to its success and development.

He was a man of unusual endowment, and as nearly as any man we have ever known he fulfilled the great Commandment, "Thou shalt love thy neighbor as thyself."

He did not sit in judgment upon his predecessors or contemporaries. He did not prophesy failure in his successors. When his conscience or judgment led him to disagree, his reasons for so doing were set forth lucidly and temperately. When the conduct of others was discussed he revealed a supreme confidence in man.

He had above most men the capacity to see straight, viewing occurrences in their proper relation and in true

perspective.

He was without dissimulation in all things. He was not wise in his own conceit. He strove to overcome evil with good.

He abhorred that which was evil and he cleaved to that

which is good.

He was diligent in business. He was patient in tribulation. He was given to hospitality. He rejoiced with others in happiness and he sympathized with them when in distress.

And because he was all these, and more, his fellow trustees of the Neurological Institute, with deep sorrow, record his merits and testify to their loss.

#### MEMORIAL ADOPTED BY THE MEDICAL BOARD

On April 28, 1923, the Neurological Institute suffered a profound loss in the passing of one of its Trustees and Vice-President, R. H. Williams, who was called to his reward that day. He bequeathed us the task of fulfilling the aims and ideals of the organization which he helped to found. It seems more difficult than ever, now that we can no longer turn to him for counsel, that we can no more anticipate the stimulating effects of his cheerful optimism, that we can no longer count upon his unfailing good nature.

Every critical period in the history of the Institute found him a tower of strength; an unerring guide. By his keen insight and judicial estimate of human nature, his steadfast adherence to ideals and to the principles of justice, his unswerving loyalty, and, above all, by the tolerant foundations of his viewpoint, he helped us surmount the difficulties that at times threatened our existence.

Despite the many affairs of great importance which crowded an active life, his interest in the Institute was always keen. He cheerfully gave us of his best. This feature of Mr. Williams' character was especially noticeable during crises such as the war. With no thought of self, he assumed in a characteristic way the extra burdens created by many absentees. It was at this time that his comprehensive grasp of the essence of the problems, his rapid unerring decision and, above all, the remarkably stimulating effect of his personality uplifted and strengthened the determination of those left behind to maintain the efficiency of the Institute to the highest degree possible.

Those of us who went to him for aid and counsel will not forget the quiet, unostentatious way in which he directed the affairs of the Institute at this time, nor the resourcefulness and energy with which he extricated us from difficulties which at the time threatened to interfere seriously with our highest aim: the care of the sick.

Up to the day of onset of the illness to which he succumbed, his interest in the Institute was keen and comprehensive. Memory of him will serve us as a guiding light and render permanent the things for which he stood in New York.

#### REPORT OF THE PRESIDENT

To the Trustees of the Neurological Institute.

Gentlemen:

The idea of the Neurological Institute was conceived in 1909 almost fourteen years ago by three physicians, two of whom have gone to their reward, whose professional life had been spent largely in the attempt to detect threatened and developed disease of the nervous system sufficiently early to prevent it or to shape its course toward recovery, and in aiding those afflicted with such disease to bear with it until nature or medical science delivered They had found that despite their industry and best efforts they were thwarted in the fulfilment of their desires, through a lack of facilities for interpretation and treatment of these dis-They were like an artisan who is expected to turn out useful utensils for which there is the greatest need, but from whom the instruments, or machinery to fabricate the material have been withheld. There was no place in this country where individuals suffering from disease of the mind and nervous system, that is from disease which frequently did not display itself outwardly in any way, did not deform or interfere with the physical activities of the individual, could go and be thoroughly examined, properly studied, and suitably interpreted. The instruments, the laboratories, the apparatus, in brief, the machinery for such examinations, were nowhere to be found. These physicians had been connected with hospitals and medical schools from the time of their graduation; they had been visitors and students abroad, where facilities for the study and treatment of nervous diseases had for a long time existed. They realized that this country could never compete with London, Paris, Berlin or Vienna as a place where students and doctors could become familiar with the manifestations of nervous and mental disorders unless the medical centres of this country were provided with similar institutions.

As teachers coming in contact with medical students and graduate physicians, they realize that practicing physicians not only

were ignorant of nervous diseases, and how to handle them, but that they lamented it. They sought, but with few exceptions not even the leading medical schools offered anything that approached adequate teaching in their department of medicine or else lack of facilities prevented the proper fulfilment of promised courses.

Finally these physicians, and their colleagues, who had devoted themselves to nervous and mental disease were made aware of the fact that there was something in the mode of life, the very atmosphere of this country that favored the development of nervous disorder, and that such disease was becoming more frequent. Their experience led them to believe that many cases of insanity could be prevented, abbreviated, and promptly cured, were the heralds of such disease recognized, were the early symptoms of such disease detected, and were such cases properly handled in the very early stages.

The problem presented itself clearly. The question was how to solve it. The attempt that they made to solve it is the Neurological Institute of New York.

It has done a remarkable work in a far from ideal place. It could do a more remarkable work had it an ideal place. Such a place could be readily provided if we had the money. We have the mental equipment, but we have not the physical equipment to do the medical work we are prepared to do for the community or the educational work we are prepared to do for the nation.

Dr. Pearce Bailey, who gave his vision and his strength to this Institute for twelve years, willed to the Trustees \$10,000 to be spent as they saw fit. I express the sentiment and conviction of the Trustees when I say that it should be used as the nucleus of the endowment of a Memorial to Pearce Bailey. Until such time as a Memorial shall be decided upon, I suggest that it be kept intact.

One of the men who gathered at the Century Club fifteen years ago to listen to the proposal that the originators of the Neurological Institute had to make was Isaac Townsend. From that evening to the day of his death, he was a loyal, staunch advocate

of the necessity of its existence; a useful, resourceful member of its Board of Trustees. His criticism was always constructive, his counsel always helpful, and his deliberations always inspiring. In his death, on February 21, 1922, the Neurological Institute sustained an irreparable loss.

In 1921, through Dr. J. Ramsay Hunt, the institute received from an anonymous donor, a contribution of \$5,000, which contribution was to go towards the endownment of a child's bed. This has been done.

In 1922, also through Dr. J. Ramsay Hunt, the institute received from an anonymous donor, \$5,000 to go towards the endowment of a Diagnostic Bed, which has been established.

The Institute has been fortunate in having Miss Mabel Choate become a member of the Executive Committee. We have also been fortunate in that Mrs. Wm. Shippen Davis has become a member of the Board of Trustees and Chairman of the Social Service Committee. Mrs. John Blair has taken a very great interest in our work, and has been appointed Financial Secretary.

Respectfully submitted,

ROBERT P. PERKINS,

President.

#### REPORT OF MEDICAL BOARD

To the Trustees of the Neurological Institute.

Gentlemen:

The year just completed has been one of steady progress, and the results fully justify the interest and generosity of your Board.

The various departments have co-ordinated well during the past year, especially those more recently established. A-ray department continues not only to function well but to pay for itself and to furnish a fair revenue to the Hospital. Its work has increased to such an extent as to necessitate the employment of an additional technician. The scope of the clinical laboratory has also been extended by the purchase of instruments for the study of basal metabolism, thereby assisting greatly in the detection of otherwise obscure changes taking place in the chemistry of the body and furnishing valuable indications for certain special forms of medical and surgical treatment. The special clinics have again demonstrated their great value. The clinic of the department of Endocrinology has been well attended and the weekly conferences of this department have likewise been visited by students and practicing physicians. The special clinic for mal-adjusted children has shown a steadily increasing attendance and has fulfilled in a striking way the prediction made in the report of the Medical Board for the year 1919, of the necessity of a detailed investigation of methods for the early recognition and prevention of disorders such as neuroses, psychoses, etc. The research work of this clinic which has been pursued along these lines has resulted in a tentative classification of these disorders in children, and the study of the value of various therapeutic measures.

The morning Pay Clinic in spite of some adverse criticism has continued to grow in popularity to such an extent that it is carrying a very heavy load. The Medical Board has decided to advise the opening of two night clinics each week. The decision to restrict the admission of these patients to the wards only is felt by all to be wise and has prevented the abuse of the clinic by people who are able to pay more than

\$5.00 for the examination.

The Director of the Physiotherapy Department has given valuable assistance both in supervising the work of the therapeutic departments and in helping eliminate the large number of non-

neurological cases, who interfered with the care of those more in need of the special type of treatment afforded by the Institute.

During the past year the same cordial relations have existed between the Institute and the two great Institutions of medical teaching. Clinics for the fourth year students of the College of Physicians and Surgeons were held in the outpatient department. Students of Cornell University were also instructed in our outpatient department and wards. We are also providing the Rockefeller Institute with material for

special research on the spinal fluid.

A method somewhat new to the Institute was decided upon during the past year, i. e. the establishment of post-graduate clerkships by means of which post-graduate students may obtain full benefit of intimate personal contact with the Medical Staff and material and furthermore, instruction in collateral branches at both Cornell and Columbia. Advertisements have been inserted in the Journals and printed circulars are being sent to all the State institutions and hospitals of the country.

The work of the Commission for the study of Multiple Sclerosis and Epilepsy organized by members of the Institute and made possible by grants from the Commonwealth fund, has resulted in very important contributions to our knowledge of these diseases. Full reports of these Commissions will be

read elsewhere.

A committee of the Medical Board also devised a satisfactory classification of the diseases treated at this Institute. It not only departs from old established lines but is considered a decided advance in the methods of classification.

The Medical Board desires to express its deep regret for the great loss suffered by the Institute through the death of Mr. Isaac Townsend and the death of Dr. Pearce Bailey. Although fitting tribute to their power for good and their constructive capacity has been recorded elsewhere, their loss is still keenly felt by all who so greatly benefitted by their timely assistance and helpful advice.

The active co-operation and liberality of your Board has once more enabled the Institute to progress, and we feel that today we are better equipped to study and care for those suffering from diseases of the nervous system, than ever before in the history of the Institute.

Previous reports have constantly emphasized the need of expansion from our present over-crowded condition in order

that the Neurological Institute may continue to maintain its place as leader in this special field of medicine, and by teaching and the development of preventive measures fulfill its great responsibility to society and to the profession. The past year has been no exception. On the contrary, the Medical Board believes that the results of the research undertaken by its members and the instruction of students from other teaching institutions, as well as the daily care of a constantly increasing number of patients, have demonstrated the need of additional space, lecture rooms, expansion of laboratory facilities for study and investigation and proper quarters for the nursing staff, more than ever before.

The Medical Board desires once more to thank the Board of Trustees for their assistance and to express its admiration and thanks for the co-operation of all the departments of the hospital, especially Miss Rivington, Superintendent, and Miss

Dwyer, Supervisor of Nurses.

Respectfully submitted,
Edwin G. Zabriskie,
Secretary.

#### REPORT OF CLASSIFICATION CLINIC

To the Trustees of the Neurological Institute.

Gentlemen:

The following report is a summary of the work done by the Classification Clinic for the past two years, from its opening

October 1, 1920, to October 1, 1922.

During the first year the clinic was at 118 East 80th Street. This house was sold, and it was then moved to its present site at 173 East 70th Street. During these two years sixty patients have been examined at the clinic, 29 the first year and 31 the second. The ages range from 3 months to 26 years. The majority are children between 10 and 15 years of age. Most of the cases came from New York City or the immediate neighborhood, although cases also came from Massachusetts, Pennsylvania and New Jersey.

The cases came through various sources, the majority through head masters and mistresses of schools. These had learned of the clinic by announcements or by interview. A number of cases came from physicians, and a number directly

from parents.

Method of Examination

The method of making the examination which has proved

most satisfactory is as follows:

Appointment is first made for an interview with the parents. They state just what the difficulty is, whether in school work or in getting on with teachers or other children, whether in play, etc. From the parents is obtained a detailed past history development record, school record, conduct record, and in fact all that can be learned about the environment and development of the child. A family history is obtained at the same time.

Later, probably the next day, the child is seen. It is generally best to make a physical examination first, as most children expect this from a physician, although the physical examination is repeated in detail later. In the course of this examination occasion is made to discuss school work, games and other things with the child, so that a mental examination follows, covering nervous symptoms, special friendships, difficulty in some studies, mood and other mental traits. These facts are recorded in the history.

This examination is followed the next day by the special physical examinations, including heart and lungs, ears, nose

and throat, endocrine, X-ray and blood examinations. The psycho-metric test is given last as a rule. After these reports are in the child is seen again, at which time any special things

may be taken up which the examinations have shown.

As a rule these examinations take about five days. It has been necessary to admit a few cases to the Neurological Institute for special examination. The children generally live in a hotel or in homes and come to the clinic as to a physician's office by appointment. The case is then summarized, physical, psychological and mental traits being stated in summary form. A conference is held between members of the staffs to go over

reports as is necessary.

Recommendations are summarized in a similar way as to school work, class work, future education and physical development. Such recommendations are made in a practical way in accordance with what the relatives are in a position to carry out. The recommendations suggest development along social and psychological lines particularly. In education, a tutor may be necessary and a number have been supplied, mostly from Columbia University. Special schools have been recommended, special kinds of training and particularly manual and industrial training have been outlined. An effort is made to have available for the use of physicians or relatives the names of teachers, tutors and special schools.

In all instances it has been necessary to explain in detail to the parents the temperamental, intellectual and nervous characteristics of the children. In this way an effort has been made to give a scientific understanding of the personality of the child examined. While it is not possible to dogmatize as to the future of children, it is thought that such an opinion is more complete and illuminating than that formed by parents

or teachers.

#### Results

Two years is too short a time to state just what has been accomplished by these recommendations. It will probably always be difficult to learn the value of one specific recommendation. In many cases subsequent reports of progress have been had. Excellent progress and some very definite accomplishments have resulted in a number of cases. It will be necessary to wait longer before a true estimation of results can be had.

Types of Cases

Many different types of children were seen in this comparatively small group. Not more than one-third of the cases were found to be mentally defective. A relatively large num-

ber were what is termed nervous children, corresponding prob-

ably to the psycho-neuroses of adult life.

Another group were children who showed unusual traits of personality, such as sensitiveness, shyness, delinquency, and other traits. Some showed special disabilities in learning certain subjects in school. Some were unable to advance in academic ways, although normal children otherwise. In certain instances outstanding anamolies of physical development probably on an endocrine basis explained the difficulty. Some marked physical defects were found, although relatively few in this group of children.

Study of Schools

During these two years many special schools in New York City and vicinity have been visited. The kind of work which they have been doing has been gone over and their special methods have been put on file. Special features of the public schools of the city have been gone over so that modern meth-

ods might be recommended.

Two courses of lectures were given at the clinic during 1920-1921. These were given to private school teachers, one group from out of the city, another group from those in New York City. The lectures were fairly well attended and the teachers took part in the discussion. The lectures were on general types of cases, the question of special education and other features of the psychology of children. They were collected for publication in book form but the publishers, Scribner's, to whom it was submitted, by a close vote, declined to publish it. They stated that because of joint authorship a poor sale was to be expected.

During 1921, addresses were given by one of the members of the staff for the Teachers' Association meeting in Baltimore and a meeting was held with a group of head masters in New York City. A number of talks on the subject of child mental hygiene were also given before teachers, social workers and

others elsewhere.

The examining staff of the clinic has remained the same during this time, with the exception of the psychologist, Dr. Hollingsworth, whose duties at Columbia made it necessary to discontinue. Her assistant at Teachers College, Miss Grace Taylor, has been appointed to succeed her.

After Dr. Bailey's death the clinic continued in much the same way until the end of the summer vacation. Since that time fewer cases have been examined. It was concluded that since Dr. Bailey's name was so closely associated with the

clinic, teachers and others might have thought that it was discontinued at the time of his death. For that reason announcements and a circular of information have been prepared stating that the clinic continues as formerly. These are about to be mailed.

It has always been the desire of the clinic to have some one individual visit schools to explain the purpose of the clinic and also to learn of the types of education given in certain schools. Recently Miss Anne Raymond has been engaged on

part time for this purpose.

During these two years a free clinic for the examination of school children who present disciplinary, educational or conduct problems has been held on Wednesday mornings at the Neurological Institute. This is connected with the First Division and has been conducted by Dr. Brown. This clinic has grown rapidly so that an additional assistant physician and social worker have been added. With these additions the clinic has now more cases than can be attended to so that another social worker is desired. The results of this clinic as to treatment and recommendations may be clearly stated. A relatively large number of cases has been seen, and marked benefit has resulted in many of them.

The development of this free clinic leads one to believe that such a clinic attached to the Classification Clinic would be of great value. The idea of the Classification Clinic is new and it takes time for its meaning to become clear to people. Much added clinical experience is gained from the free clinic. If the Classification Clinic in some way could acquire an endowment for ten years and establish a free clinic as well, its principles would spread more rapidly. At present it will be obliged to be self-supporting. Cases are seen, however, at a lower rate. A Foundation which has both a private and a free department, comparable to the private and free wards of hos-

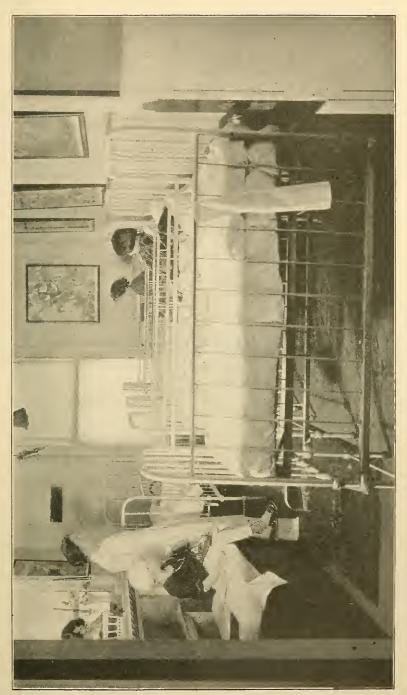
pitals, would serve a wider public.

Financial statements have been rendered from month to month and will not be repeated here. It may be said that through the generosity of one member of the Board of the Neurological Institute financial support of the clinic is assured for this year. It should be nearly self-supporting this year on the present basis of expenditure if as many cases are

examined as were last year.

Respectfully submitted,
Frederick Peterson, M.D.

Director.



HOSPITAL STATISTICS

#### CASES TREATED

A-Organic Disease of the Nervous System

A—Organic Disease of the second special	Male	Female	Total
Abscess			
Brain	1	. 1	2
Spinal cord			
Agenesis, cerebral	2	2	2
Amyotrophias			
Neuropathic			
Cerebral—Pseudo—Bulbar—5th Nerve Ganglia	2	3	5
Spinal Forms			
Manual (Aran-Duchenne)	3		1
Mixed Forms			
Myatonia Congenita (Oppenheim)	1		1
Amyotrophic Lateral Sclerosis	5	3	11
Cerebro-spinal intoxication, such as Botulism, pellagra.			
infective Neuronitis	1		1
Chorea			
Infectious	8	3 26	34
Gravidarum			2
Convulsive States			_
General			
(a) Morbid brain conditions, inflammatory.			
traumatic degenerative	7	2	9
(b) Of well recognized toxic cause, e. g.			
uremic, eclamptic, gastrointestinal	4	£ 6	1.0
(c) Of unknown constitutional causes includ-			
ing epilepsy	38	22	60
Deformities (congenital) Spina Bifida, Cervical Rib (ac-			
quired) Developmental, Deformity of head, Men-			
ingocele			8
Dystonias e. g. Oppenheim, Thomsen	11		12
Encephalitis, Epidemic	45		64 3
Familial Ataxia			3
Meningitis		5	·
Pachymeningitis	1	ı	1
Cerebrospinal	-		2
Tuberculous	5	3	3
Migraine (Ophthalmic)	2	4	6
Multiple Sclerosis (Disseminated sclerosis)	18	3 16	34
Myasthenia Gravis	2	2 2	4
Myelomalacia (including myelitis)			
Acute	1		5
Chronic	1	_	2
Infectious	1	. 2	<b>3</b>
Toxic, Diabetic	1	_	2 1
Traumatic	8		18
Neuraisia, Trisemmai	0	10	10

		Female	Total
Neuritis	22	23	45
Facial (Bell's Palsy)	1		1
Primary Optic	3	_	6
Multiple	9		17
Alcoholic	2	_	3
Traumatic including Birth Palsy	6		6
Diphtheritic	,,	3	3
Metallic—Lead, Arsenic	3	1	
Leprous Beri Beri		1	
Other Forms—Diabetic	2	1	3
Neurosyphilis	2	•	"
Tabes	20	6	26
Taboparesis	18		30
Meningo-vascular	148		188
Juvenile Paresis	1		2
General Paresis	33		15
Paralysis Agitans	11		15
Poliomyelitis			
(Subacute)	6	1	'7
(Herpes Zoster)		1	1
Sclerosis-subacute, combined	6	12	18
Syringomyelia	6	7	13
Torticollis Organic	4	2	6
Tumor (Brain, Cord, peripheral nerves) Brain	47		78
	9		17
Vertigo-Labyrinthine	3	1	4
Vascular Disease			
General			
Angiospasm	10		18
Aneurrism	1	_	2
Hemorrhage—Brachial Artery	2		2
Thrombosis—Dorsalis Pedis, Brachial Artery Focal	1	3	4
Cerebral			
· Angiospasm—Cerebral	14	3	17
Aneurrism—Cerebral	1		1
Embolism—Cerebral	, 8		11
Hemorrhage—Cerebral and Spinal	27	_	39
B—Injuries Nervous System	٠.		
Brain Frontal, Foreign Body in Brain	4		4
Spinal cord, Cervical-Thoracic	3		3
Peripheral Nerve, Median, Ulnar Nerve	7		7
Fractured Skull, Osteomyelitis of Skull	5	2	7
Fractured Vertebrae	1		1
C-Endocrinopathies			
Thyroid Syndromes	3	2	5
Hypothyroidism	2	7	9
Hyperthroidism	4	9	13
Cretinism	2		2
Simple goitre	4		4
Adenomatous goitre		2	2
Cystic goitre		3	3
20			

	Mate Fe	male	Total
Exophthalmic goitre	4	3	7
Pituitary Syndromes			
Hypopituitarism	1	6	7
Hyperpituitarism	2	4	6
Paget's Disease	2		2
Acromikria	. 1		1
Gigantism		2	2
Pituitary neoplasm and cysts	6	3	9
Thymus Syndromes			
Status thymico-lymphaticus	2		2
Adrenal Syndrome			
Pluriglandular Syndrome	1	8	9
Vegetative Nervous System			
Vagotonia	3	1	4
D-Psychoneuroses			
Ties	12	10	22
Hysteria	13	22	35
Neurasthenia	25	44	69
Psychasthenia	13	8	21
E-Constitutional Psychopathic state			
Alcoholism	10		10
Drug Addiction	2	6	8
Emotional Instability	5	10	15
Inadequate personality	3	4	7
Paranoid personality	2		2
Pathological liar		3	3
Sexual psychopathy	3	4	7
F-Mental Deficiency			
Moron	3		3
Imbecile	4	2	6
G—Borderline			
1. Traumatic Psychoses	6	1	7
2. Senile Psychoses		1	1
3. Psychoses with Cerebral Arteriosclerosis	5	-	5
· · · · · · · · · · · · · · · · · · ·			_
4. General Paresis	28		28
5. Psychoses with Cerebral Syphilis	1	1	2
6. Psychoses with brain tumor	1		1
7. Alcoholic psychoses			
(a) Delirium Tremens	3		3
(b) Korsakow's Psychosis		1	1
8. Psychoses due to drugs and other exogenous			
toxins			
(a) Morphine, cocaine, bromides, chloral,			
veronal, etc., alone or combined		2	2
(b) Exhaustive	2	1	3
9. Psychoses with other somatic diseases	1	3	4
	1	U	4
	2	-	
(a) Manic type	2	5	7
(b) Mixed type(c) Depressive type	2 14	1 16	3 30
(c) Depressive type	14	10	30

		•	Male F	emale !	lotal
11.	Demer	itia Precox			
	(a)	Paranoid Type	4	13	17
	(b)	Katatonic Type	ō		ô
	(c)	Hebephrenic Type	3	2	ē
	(d)	Simple Type	1	э	6
	Non-ne	urological Conditions	30	25	55
	Undia	enosed Cases	12	8	20

# Hospital Patients Classified According to Nationality

	1922	1921		1922	1921
Armenia	0	1	Japan	0	1
Austria	47	47	Java	0	1
Australia	1	2	Lithuania	1	0
Bavaria	1	1	Mexico	0	1
Belgium	1	4	Norway	6	3
Bohemia	4	2	Palestine	1	0
British Guiana	1	0	Poland	32	33
Canada	8	32	Portugal	0	1
Central America	0	1	Roumania	8	22
Cuba	2	2	Russia	182	481
Denmark	2	2	Scotland	0	9
England	29	36	South America	0	3
Finland	1	1	Spain	4	2
France	6.	5	Sweden	8	7
Germany	52	35	Switzerland	2	2
Greece	4	6	Syria	0	1
Holland	3	1	Turkey	2	2
Hawaiian Islands	0	2	U. S	963	820
Hungary	10	63	Wales	2	1
Ireland	49	66	West Indies	2	5
Italy	72	112			

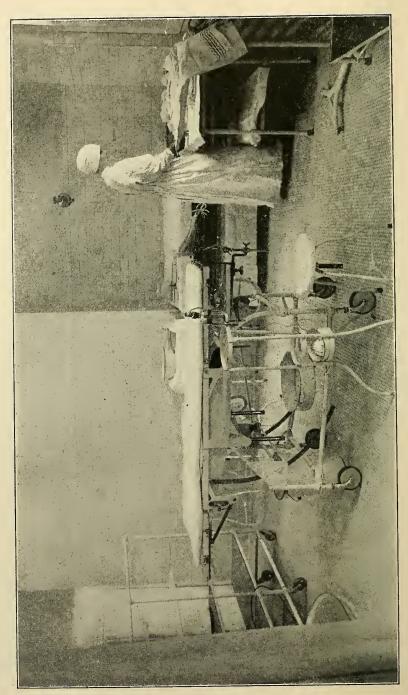


# Treatments Given to Hospital Patients

	*Hydro- therapy	Electro- therapy		Massage	Baking	Total
December	478	431	543	1,117	120	2,689
January	267	417	474	1,081	124	2,363
February	198	416	250	1,155	130	2,149
March	361	599	487	1,239	291	2,977
April	403	700	389	1,085	131	2,708
May	454	598	289	1,087	126	2,554
June	478	458	290	956	130	2,312
July	373	394	250	905	100	2,022
August	540	507	478	821	120	2,466
September	. 5	610	620	958	124	2,317
October	212	733	619	1,117	. 192	2,873
November	423	674	297	1,005	127	2,526
Total	4,192	6,537	4,986	12,526	1,715	29,956

Total treatments, 29,956

<sup>\*</sup>Closed in September for repairs.



### REPORT OF THE SURGICAL DEPARTMENT

To the Trustees of the Neurological Institute.

Gentlemen:

At this period it may be of interest to summarize the work of the Surgical Department since the Neurological Institute was founded in 1910. In all there were 531 craniotomies performed for intracranial disease with 46 deaths, or 8.6 per cent mortality. During the last half of this period the mortality has fallen considerably. During the same period 81 operations were performed for trigeminal neuralgia; in the large majority the sensory root of the fifth nerve was divided intracranially; every one of these patients recovered from the operation. During the same period 345 laminectomies were performed for spinal disease, with 24 deaths, a mortality of 6.9 per cent. Fifty-six tumors were removed with 2 deaths, a mortality of 3 per cent.

In the early days of the Institute decompressive operations were performed much more frequently than they have been performed of later years, and in a much large proportion of cases in the last five years have tumors been found and removed. The mortality of the operation of craniotomy for brain tumor has been very much lessened by the use of local anesthesia, and at the present time the majority of patients with brain tumor are operated upon under local anesthesia.

The following is the report of the work done by the Surgical Department during the past year:

# OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

From December 1, 1921, to November 30, 1922.

	No.	Deaths
Total number of operations	114	10
Total number of operations on the nervous system	110	
Total number of operations on the brain	71	
Total number of operations on the spinal cord	18	
Total number of operations on the peripheral nerves	21	
Miscellaneous operations	4	
Operations on the brain	71	10*
Craniotomy, removal of frontal lobe tumor	3	1*
Craniotomy, removal of parietal lobe tumor	2	1*
Craniotomy, removal of temporal lobe tumor	1	
Craniotomy, exploratory, irremovable tumor	14	3*
Craniotomy, exploratory, irremovable multiple melano-		
sarcoma	1	1*
Craniotomy, exploratory	13	
Craniotomy, decompressive	3	
Craniotomy, puncture of corpus callosum	1	
Craniotomy, aspiration of brain abscess	1	1*
Craniotomy, division of sensory root of trigeminus		
for neuralgia	6	
Craniotomy, pituitary tumor	1	1*
Craniotomy, osteoma of orbit	1	
Craniotomy, foreign body in brain	1	
Craniotomy, suboccipital, intracapsular enucleation of		
tumor in cerebello-pontine angle	7	1*
Craniotomy, suboccipital, removal of tumor of tentorium	1	
Craniotomy, suboccipital, exploratory, irremovable tumor	7	1*
Craniotomy, suboccipital, cerebellar cyst	1	
Craniotomy, suboccipital, meningocele	1	
Craniotomy, injection of air for ventriculography	6	
Operations on the spinal cord and nerve roots	18	
Laminectomy, removal of extradural tumor	2	
Laminectomy, removal of extramedullary tumor	4	
Laminectomy, exploratory	10	
Laminectomy, meningocele	2	
Operations on the peripheral nerves	21	
Neurorrhaphy, rupture of cords of brachial plexus	2	
Neurorrhaphy, ulnar nerve	2	

	No.	Deaths
Neurorrhaphy, median nerve	2	
Alcohol injections	16	
Miscellaneous operations	4	
Operation for reduction of dislocation of humerus	1	
Suture of tendons	1	
Contracture of elbow, open operation	1	
Osteotomy for osteomyelitis of skull	1	

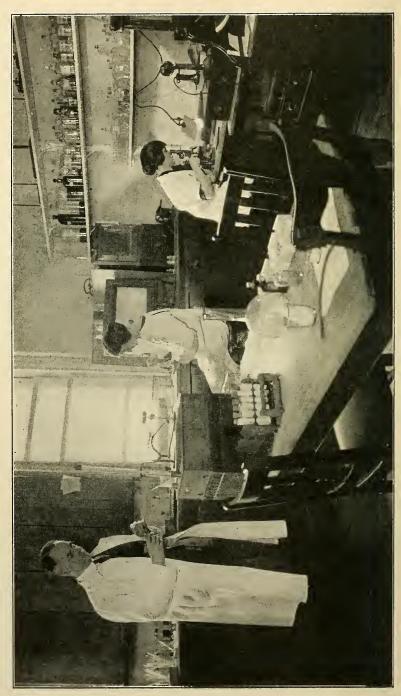
<sup>\*</sup>Causes of death.

- Ten days after exploratory craniotomy for infiltrating tumor of parietal lobe.
- Two months after craniotomy and removal of sarcoma of parietal lobe from asthenia. Autopsy showed tumors of both frontal and of one cerebellar lobe.
- Three months after exploratory craniotomy for multiple melano-sarcoma of brain.
- 4. Three weeks after drainage of brain abscess.
- 5. Ten days after excision of pituitary tumor.
- 6. Five days after craniotomy for infiltrating subcortical tumor.
- 7. Four days after suboccipital craniotomy and intracapsular enucleation of neurofibroma of auditory nerve from respiratory paralysis.
- Nine days after craniotomy and removal of cortical tumor from motor area. Operation four hours after admission of patient in deep coma after a morphine injection.
- 9. Four days after exploratory craniotomy for infiltrating tumor.
- 10. Five days after removal of endothelioma from Rolandic area.

Respectfully submitted,

CHARLES A. ELSBERG, M.D.

Attending Surgeon.



### REPORT OF LABORATORY

To the Trustees of the Neurological Institute. Gentlemen:

Following is the report on the work of the Clinical Laboratory for the hospital year ending November 30, 1922.

Our statistics show that 9,687 examinations were made during this period, representing an increase of 505 over 1921. This increase is due in large part to a more generalized application of laboratory tests in seeking for a solution of obscure cases, and also to the introduction of new methods that are devised from time to time, when their value has been proven in the light of practical experience. It has been found feasible, by systematizing the routine, to adapt many tests to ambulatory patients who would customarily have to be admitted to the hospital. On this account the work derived from the several clinics of the Institute has increased.

The modern trend in scientific medicine is to make a complete laboratory status, in the course of which information is often secured that might otherwise escape detection. The data so obtained and correlated with the history and objective signs of abnormal structure and function in the patient assist in establishing a diagnosis and subsequently in controll-

ing the results of treatment.

The greater proportion of examinations made in the laboratory have to do with tests done on specimens obtained from house and clinic patients; the remainder may be grouped under the heading of special diagnostic procedures that come within the domain of laboratory technique at which are carried out directly by the laboratory staff on the patients. Probably the best example of this type of examination is seen in clinical metabolimetry. Early in the year an apparatus for estimating basal metabolism was obtained, and has been used with increasing frequency in the study of disturbances of the internal secretions, particularly thyroid disease.

Through the acquisition of additional space and equipment in the pathological laboratory the work is now accomplished

with greater comfort and facility.

It is a pleasure to acknowledge the hearty co-operation of the various officers, the attending staff, resident physicians and nurses, all of whom contribute a large share toward making the laboratory a helpful unit in the work of the Institute.

Respectfully submitted.

OLIVER S. HILLMAN, M. D., Director of Laboratory.

### REPORT OF X-RAY DEPARTMENT

To the Trustees of the Neurological Institute. Gentlemen:

Through the kindness of Miss Choate and Miss Twombly this department came into existence during the month of March, 1921. During the remainder of the year 1921, 1,079 cases were cared for. These were divided into 409 house cases, 626 clinic cases and 44 from therapy.

During the year 1922, 1,779 patients were seen. This number again is divided into 793 house cases, 813 from the clinic,

and 173 for therapy.

Contrary to what might be expected, the X-ray clinic has not proved to be highly specialized. The work is decidedly general in character, with perhaps special emphasis laid on head examinations, of which of course, there are a great many. The therapy has been of necessity limited, due to the lack of space and time. Such a case requires considerable time, during which no other patients can be seen. In spite of this difficulty, the types of cases treated have included hyperthyroids, hyperidrosis, pruritis, malignancies, neuralgias, etc., and the therapy clinic is constantly growing.

The department from the beginning has been somewhat cramped for space, and with the necessity of having the dark room on the floor above, it has been rather awkward at times to efficiently handle the work, which has grown considerably of late. So much so, that in October it was deemed necessary to add another technician. This materially increased the capacity of the department, and at the same time solved several

problems—such as summer vacations, sickness, etc.

Recently, through the kindness of Miss Rivington, it was possible to annex a small amount of additional space, which is used as a consultation and record room—allowing the old space used for this purpose to be converted into a sorely

needed dressing room

As time goes on the need for greater space will become a more and more pressing problem, especially if the newer forms of radio-therapy are to be used which necessitate different apparatus and much more floor room. At present, however, the dark room being on a different floor offers the greatest obstacle to more efficiency and despatch in carrying on the work.

Respectfully submitted.
C. W. Schwartz,
Roentgenologist.

### REPORT OF THE SUPERINTENDENT

To the Trustees of the Neurological Institute. Gentlemen:

More space is still our greatest need. The increasing demand for private rooms and ward beds makes a continuous struggle to admit urgent cases promptly, while the limited space available for each department seriously handicaps the work.

Nevertheless, during the last year the work has increased through the intensive co-operation of the Medical Staff and the personnel of the different departments in the Hospital and Outpatient.

It has been a great help to have the Dr. J. Ramsey Hunt Bed for needy children. A Friend, through Dr. Hunt, endowed the child's bed and gave \$5,000.00 toward the endowment of a Diagnostic Bed.

The Hydrotherapy was thoroughly renovated, and although no new equipment could be added at this time, the space was re-arranged to give much needed additional dressing rooms. The exchanging of the Electrotherapy and Bake rooms, renovating and replacing worn out equipment has made them more efficient and relieves somewhat the congestion in the Dispensary waiting room.

Through the generosity of one of his patients, Dr. Herbert Chase's examining room was newly equipped. The efficiency of our Dental Clinic was greatly increased by the gift of new equipment through Dr. Willard Force.

The old lighting fixtures are gradually being replaced by modern ones.

With grateful acknowledgement for the continued interest and splendid co-operation of the Board of Trustees, the Medical Board and staff, and the Personnel of the Hospital.

Respectfully submitted,
ESTHER F. RIVINGTON, R. N.,
Superintendent.

### SUMMARY

Patients Admitted to the Ho	spital		
D. t	1922	1921	1920
Private— Male	216	132	217
Female	143	128	136
Semi-Private—			
Male	194	206	170
Female Ward—	118	138	155
Male	463	736	1,146
Female	415	404	610
Free—			
Male Female	41 51	22 23	19 20
T Chiate	91		~~~~~
Total	1,641	1,789	2,473
Number of Patient Days			
Private	5,340	5,493	5,374
Ward and Semi-private	16,621	16,912	18,147
Free	3,839	3,051	3,238
Total	25,800	25,456	26,759
Treatments given	29,956	,	,
Dispensary Patients	•		
Number of new patients	5,685	5,574	6,441
Revisits  Treatments given	7,361 29,976	7,769	7,363
	,	м.	
Morning Private Patient Cli			
New patients	3,634	2,463	
Revisits  Treatments given	1,183 14,294	900	
	11,5017	96	
Endocrin Weekly Clinic			
New patients	163	130	
Revisits	524	400	
Problem Weekly Clinic			
New patients Revisits	103 204		
Tevisits		1921	1920
Average days stay per patient	151/2	14	11
Daily average cost per private patient \$11			12.16
	65	4.62	5.12
Average cost per dispensary visit	.691/3	.71	.661/3

# Comparative Cash Statement for Three Years, Each Ending November 30th

To Gross earn, from: 53,453,55 Private Patients	1 1 2 1	1 1 0 1				
				0761	1361	1322
	649-	\$ 49,908.81	Salaries and Wages\$		\$ 122,683.10	\$ 136,875.73
		69,584.08	Provisions and Supplies	47,095.15	43,769.91	43,582.08
1		39,811.80	Rent	8,617.60	8,147.00	8,280.00
		24,997.13	Med. & Surg. Supplies	6.657.87	6.346.38	6.979.28
	36,514,10	45,081.21	House supplies	1.716.00	2,186.66	2,441.68
			Laundry	9.666.17	97 677 6	10 399 99
\$ 196,348.68	\$ 213.976.29	\$ 229.383.03				10.01
Less arct, che. of above 2.578.79			Poetago	9 9 1 9 9 6	1 679 10	0 967 57
		07:00000	m i ustase	2,419.30	1,012.13	2,301.91
0000		1	Tel. and Tel.	1,452.03	1,919.15	1,929.65
Cash Receipts \$ 193,769.89	\$ 210,911.38	\$ 223,492.93	Repairs and Supplies	8,655.02	5.650.92	5.831.07
			Fuel and Light	10.284.78	9.275.29	10.198.38
		1,640.38	Hospital Sundries	4.871.87	5,249.88	5.210.33
Donations as per list 20,388.78	32,985.06	23,051.52				
	•			\$ 195,715.49	\$ 216,680.26	\$ 234.025.69
\$ 215,178.25	\$ 24	\$ 248,184.83	Less account unpaid of			
Bal. at beg. of year 7,001.21		11,194.65	of above	4.322.74	2.877.59	10.568.05
			40	191,392.75	\$ 213,802.67	\$ 223,457,64
			Roof Garden Exp	1.859.87	2.011.14	2.265.00
			Apparatus and In-			
			struments	247.01	201.58	286.33
			Furniture. Fixtures and			
			Fourthment	7 959 15	9 080 15	1 4 4 9 0 9 1
			de la diment	1,000.10	0.000.00	TO.004.
			Social Service	5.129.21	4,686.30	6,386.91
			Prepaid Expenses	763,40	1.020.68	692.00
			General Miscel.	5.389.30	8.544.22	9.413.59
			64	212.733.69	\$ 234.255.74	\$ 246,991.38
			Balance in II. S. Mort-			
			Godo P. Tunat Co	6 964 40	110 40 11	10 A 10 A 10
			Gart in hand of Gant	0,004.40	11,134.00	11,094.73
			Cash in nands of Supt.	800.00	800.00	800.00
			Bal. in hands of Treas.	2,281.37	7.657.62	533.85
			1			
\$ 222,179.46	\$ 253,908.01	\$ 259,379.48	€÷	222,179.46	\$ 253,908.01	\$ 259,379.48

Operating Expenses and Earnings for Three Years, Each Ending November 30th

	1000	1922	71.65	1000	75.+5	082 85	000	158.05	737.80	00.707	984.81	01111	3//.12	100101	1,001.94	3 081 77		2,904.46	70 701	1001	102 26	i	8,863.13
_			49	-				*			*										*		€9-
DEFICI		1921	\$ 1.413.68	10000	1,239.05	2 024 33	2,000	* 914.76	27 33	CC: 17	* 715.78	i i	5/4.59	1 000 00	4,000.00	3 854 81	10.100,0	2.938.22	1,220,12	1,020,12	* 220 GO	00.027	\$15.549.82
		1920	\$ 1.364.43		1,008.74	1 1 3 5 0 0	1,100.77	* 208.53	190 63	169.05	585.52	1000	04.089	91 //	4 00.48	362.07	10.700	5.521.67	110 70	* 110./9	6 001 20	0,074.20	\$16,616.93
			\$20.085.76																				\$238,077.42
TING EV	TVA DATE	1921	\$20.104.51	10,101	19.152.63	10,700 01	19,700.04	19.747.96	10,210.20	19,519.50	10 873 14	17,010,71	19 108 10		18.200.02	17,020 22	17,022.33	17.854.56	00000	19,924.94	10,020,00	19,050.78	\$229,526.11
_	_		\$18.211.23																				\$209,172.61
		1922	\$20.014.11	440,074	20.315.79	0000000	17,734.30	10 047 71	100000	18.732.60	20,002 77	77.000,07	20 601 45	20,071.13	17 739.35	11.00	15,001./1	16 212 70	10,010,01	20.761.13	1000	20,177.32	\$229.383.03
O CIVILLY CLA	SAKNINGS	1021	\$10,600.03	610,020.00	17 013 58	11,710.00	17.763.71	20,662 72	10,000	19.291.97	20 00 00	20,000.72	10 522 51	10,000,01	14 257 82	10.101.11	13.174.49	14 016 24	14,710.04	18 604 82	00000	19,577.58	\$213.976.29
,	4	1020	00 200 214	00.0/0.01	17,069.80	00.700,11	15.044.19	17,025,67	17,633.07	17 933 08	10,707,00	18,703.29	17,077.64	+0.116,11	17 312 73	17,012.70	7 614.96	12 215 61	12,010.01	10 408 71	17,170.11	18,146.20	\$196.348.58
			1 (1001)	December (1921)	1,000	Janualy (1922)	February	Maria	March	Anril	77	Mav		June	T.,12.	July	Amonst	77.02.0	September	October		November	

\*Indicates Surplus.

### REPORT OF SUPERVISOR OF NURSES

To the Trustees of the Neurological Institute. Gentlemen:

Our post-graduate course of instruction in neurological nursing is still being carried on. This past year has been the most encouraging one since the war. A class of nine entered in September and October, four more have been accepted and

will enter January 1st, and six have graduated.

We have the material here to make this a valuable teaching center of neurological and borderline mental nursing. We have a very complete course of lectures given by the associate physicians and surgeons, and practical work in hydrotherapy and electrotherapy, theory and demonstrations in massage by

the directors of the departments.

That the instruction has been of value is proven by the fact that we are constantly being called by physicians throughout the city for nurses having had this special training, and in the past few weeks have had requests for nurses to go to Cleveland, Ohio, and St. Augustine, Florida, to care for neurological cases there. The course also is valuable in our hospital publicity work. These students come from all parts of the United States, Canada, England, Sweden, Holland and even Australia, and many cases have been referred here for diagnosis or treatment by the nurses after they have left the Institute.

We could not close this report without referring to the loss of Mrs. Emily Sirles Lank, who died of pneumonia recently. Since the Institute opened she had been a valuable assistant in our operating room. We who knew her intimately felt that we had lost a loyal friend and co-worker, an amiable, lovable character who had endeared herself to all who came in contact with her, ever ready to be helpful to all who needed her. "Her professional ability and efficiency rarely has been equalled and seldom if ever surpassed."

We feel that the Institute has suffered a serious loss and her name shall always be associated with the organization

and development of our operating room service.

We wish to express our appreciation and gratitude to the physicians and surgeons who have so ably assisted in our lecture course and for their care of the nurses in illness.

Respectfully submitted.

GERTRUDE M. DWYER, R. N.,

Supervisor of Nurses.

### REPORT OF PSYCHOLOGICAL LABORATORY

To the Trustees of the Neurological Institute of New York. Gentlemen:

Permit me the honor of submitting the following report of the Psychological Laboratory for the year ending November 30, 1922.

This is the first complete year that the work of the department has been exclusively psychological in nature. In all 1,117 patients have been examined during the year. This number does not include a group of 100 children tested for a problem not yet worked out but does include 65 patients who had been previously registered in the department and who were referred for re-examination in order to determine mental growth or deterioration. A total of 1,052 new patients were examined. The amount of work compares very favorably with that of the previous two years in that gain is shown. In 1920, 974 patients were tested; in 1921, 1,026 patients were tested; in 1922, 1,117 patients were tested.

As the laboratory grows and the amount of work increases, realization comes that if the work is not to be continuous routine, with no advance, research problems must be undertaken. A study was started in February and is still under way. A full report of this work will be given at a later date when it is completed. Suffice it to say that 11.63 per cent. of the work in the laboratory was done on this problem. The percentage of this type of investigation should be greater.

The type of test used is approximately the same. During the year however, the recently published Herring tests have proven most valuable in re-examination of patients who had been previously tested by the Terman series.

There has been one change in the personnel of the department. Hazel Scofield, A. M. (Columbia University), has taken the place of Miss Paulsen who resigned in September, in order to give more time to her college work.

Respectfully submitted,
GLADYS GRIFFITH TALLMAN.

### REPORT OF SOCIAL RESEARCH AND SERVICE

Report on the Special Clinic for Maladjusted Children

December, 1921, the group of children attending the problem clinic was 47; December, 1922, this group was 138. This laconic statement taken from the last report of the Social Service Department, indicates with graphic clarity the remarkable growth of a special department of the institute which began in a small way to undertake the study of several problems in children.

During the early part of 1921 after several consultations with Dr. Brown and Dr. Craig, the Chief of Clinic of the First Division, it was decided to separate the children brought for examination to the out-patient clinic of the First Division, into a definite group under the supervision of Dr. Sanger Brown. Our purpose was to study the personality of these children, to determine whether there were sufficient grounds to justify the assertion of a certain group of workers that there is a definite constellation of pathologic personality traits peculiar to certain types of epileptic children, and to approach the whole problem of the so-called nervous child with an open mind for whatever migh develop from an intensive study of the situation.

In the first place, the subject has never been approached in quite the same manner. Juvenile delinquents and criminals have been studied, in courts and penal institutions, a large group of school boys with coarser conduct disorders and refractory tendencies had been investigated, but we knew of no systematized attempt to observe carefully a group of nervous children of all kinds, to classify them and having established the causes to ascertain what form of treatment would be most suitable to bring them to a relatively normal state.

In order to accomplish this it became necessary to follow a definite thorough method of approach to each case and accordingly a plan was adopted which included:

<sup>1—</sup>The complaint, i. e., the reason the child was brought to the clinic.
2—Thorough physical examination.

<sup>3—</sup>Certain routine laboratory examinations, i. e., blood, urine, etc.

<sup>4—</sup>Intelligence tests.

<sup>5-</sup>Careful detailed report of the whole environment.

6—Psychiatric examination including as careful estimate of the child's personality as is possible.
7—Therapeutic measures.

Such a plan could only be undertaken with the indispensable assistance of a properly organized Social Service Department, which thanks to the active and intelligent co-operation of the Board of Trustees was accomplished, and in May, 1921, this piece of research work was begun. Perhaps one might say that two of the individual problems were the personality make-up of the so-called neurotic child, and secondly, a reconsideration of the personality of children suffering from so-called idopathic or essential epilepsy, but on the other hand the whole clinic must be considered in the light of research work because we are conducting studies along lines which as far as we can tell have not been undertaken before. Not only the personality studies but the problems of remedial measures as well constitute original investigation as much as any experimental study in bacteriology or chemistry and from the standpoint of the social relationships and the community at large, are equally, if not more important. One example alone will suffice. Those of us having opportunity to study the American young man en masse during the preparation of this country for the World War, were staggered by the large proportion of those nervously and temperamentally unfit for service either abroad or at home and the great potential economic loss represented thereby. Every child brought to our clinic is a potential member of the group just referred to and a glance at the results of treatment for the past year, namely, 42 per cent cured; 37.5 per cent improved and only 20.5 per cent unimproved, establishes beyond question the importance of the preventative features of these studies and the social and economic values they possess. Of the unimproved group 30 per cent were feeble-minded, which at once indicates the reason for their lack of improvement. Even here, however, a great benefit was obtained because not only were these cases properly distributed to such institutions as were most suitable to them, but also their families were instructed and got better insight into the nature of the problem and were thereby enabled to give much more intelligent co-operation in the handling of the case.

Already one important result of our investigation has been produced in the form of a tentative classification of these disorders in childhood and it will appear in the 1922 volume of the transactions of the American Neurological Association. It is, however, merely tentative and is already in process of amplification and revision.

Finally, I feel that we have already furnished a strong stimulus to other investigative bodies and that others in this city as well as elsewhere are following in our lead. To be sure the literature contains many reports of individual cases, the problems presented and the remedies applied, but from the viewpoint of a comprehensive study of these cases in groups with an attempt to classify them, we are aware of no predecessors either here or abroad.

There can be no question of the demand for continuing this work. That every one of the Medical Board is keenly aware of this is shown by the constantly increasing number of cases referred by other Divisions. The interest of the community is evidenced by the number of children referred to us from schools, courts, institutions, etc., and we are already running beyond our full capacity.

Sanger Brown, 2nd, M.D., Chief of Clinic.

# REPORT OF SOCIAL RESEARCH AND SERVICE DEPARTMENT

To the Board of Trustees of the New York Neurological Institute. Gentlemen:

During the year a total of 1,371 cases was handled by our Department and 1,888 visits were made by us to or in behalf of these patients. This second year of our work shows a steady growth. For this, we are indebted to the chiefs of clinic and to the whole medical staff without whose splendid help this would not have been possible.

At the present time, the Bureau Staff consists of the Director and two salaried workers. Like last year, the work of

the Department follows two distinct divisions:

1. General Social Service.

2. Research. A study of the Child with Functional Neurosis.

### General Social Service

As the bulk of this work, which also includes the Department of Endocrinology, is carried mainly by one worker, our policy is, after meeting emergency demands, to select for intensive work those cases giving the best promise of satisfac-

tory adjustment.

First, in importance, is the follow up of mental cases. An increasing number of cases of mental disorder is being referred to this Department. The duties of Social Service here, are to keep these patients in touch with the clinics, in many cases, to provide convalescent and sanitaria care; to help solve their health and family problems and perhaps, most important of all, to educate their families. In this way, it is possible for many of these patients to continue in their family group and in industry instead of being sent to a State Institution.

Another important type of Social Service is the placing of our handicapped, the semi-paralytic, the neurasthenic and the mild psychotic. Our Department works in close touch with several occupational agencies. In this way we have been able to rehabilitate and place in industry a limited number of these

patients.

Social Service is also doing an intensive follow up with choreic children. As country convalescence is an especially needed therapy in their cases, these children are first sent by us to convalescent homes. Upon their return, in order to prevent relapsing, the parents are visited and instructed as to the proper hygiene. In each case the schools are also visited and

the interest of the teacher secured. When possible, these children are put in an open air class. So far, 33 of these cases

are under the supervision of the Department.

An endless demand is made on Social Service by what we call Slight Service cases, and this is a work which would not show up adequately in any report. These are cases in which our Department is the connecting link, passing these people on to the proper agency. By this, we mean the placement of the feeble minded, the epileptic, putting patients in touch with speech training, etc.

It is difficult to interpret a work of this kind in terms of statistics solely. We found it was not easy to place our particular type of patient either in convalescent homes, in special schools or in industry, and as our work grew and the demands on our Department became more insistent, we found ourselves obliged to go into the community and discover every available

resource for handling those cases.

This has resulted in our compiling and placing on file in our office a list of country and private schools; home schools for subnormal and underprivileged children; country boarding homes and other agencies with which to work. This information is not only valuable to us but is being used more and more by our medical staff.

### RESEARCH

### A Study of the Child with Functional Neurosis

In December, 1921, the group of children attending the Problem clinic was 47. December, 1922, this group was 138. As the clinic is held on Wednesday morning only, this shows the steady growth of a special department of the Institute which began in a small way to study several problems in children. The work has been directed by Dr. Sanger Brown, 2nd.

Almost from the first, the clinic demonstrated its need and the service of a second psychiatrist was necessary. In the Spring we were fortunate to have with us for some months, Dr. Milton Harrington. Since September, Dr. F. Lee Bivings of Letchworth Village, has been assisting Dr. Brown.

Any report of the Problem clinic must start with its organi-

zation in April, 1921, and study its work as a whole.

The function of the clinic is primarily educational, so to adjust these children to the family, school and social life that their right to a future normal existence may be insured. This is accomplished in many cases by keeping these children in

close touch with the psychiatrist. They come to the clinic weekly as long as this special contact seems advisable. Their health problems are solved. Through Social Service a satisfactory school adjustment is usually brought about and vastly more difficult, an attempt is made by us when necessary, to modify the home environment. The teaching of mental hygiene in the home; the interpreting of the child's difficulties and disabilities to his family, require patience but one is sometimes astonished to learn how soon this teaching has taken effect.

Other cases not requiring this frequent clinic attendance are more directly under the supervision of our Department with a program mapped out by the psychiatrist and a system

of reporting back to him when necessary.

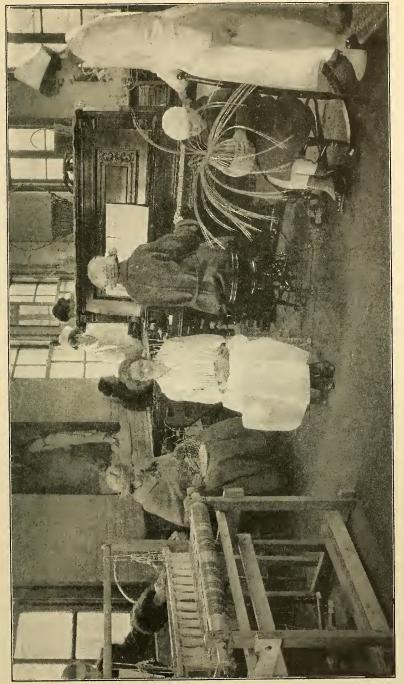
As the treatment of each case is along individual lines, Social Service is called on to carry out the doctor's recommendations which sometimes range from a scholarship for the boy of high intellectual endowment to a dancing class for a little girl having ability in this direction.

### Age and Sex Groups

The minimum age is two years; the maximum age is eighteen years with a medium age of eleven years. There are fifty-one girls and eighty-five boys in the group studied to date.

auto.	0 (0 1	
5.	Sources of Supply	
Referred by	y schools	46
Referred b	y families	44
Referred by	y agencies	43
Keferred by	private physicians	5
110101104 0	_	
Total		138
	•	
	Results of Treatment	
Group 1.	Markedly Improved	47
oroup 1.	Cases whose nervous symptoms or conduct	
	disorders have cleared up over a definite	
	period.	4.0
Group 2.	Improved	42
Group 3.	Unimproved to date	
Group 4.	New and advisory cases	26
•	Respectfully submitted,	
	MARY A. TOBIN.	

Director, Social Service Department.



### REPORT OF THE OCCUPATION DEPARTMENT

To the Trustees of the Neurological Institute. Gentlemen:

The names of over a thousand patients are recorded as working in the shop on the roof during the past year. The patients came from one day only to every day for four months.

The majority of these patients had occupation therapy prescribed by their physicians for the distinct purpose of contributing to and hastening their recovery.

Sometimes the doctor tells the patient to go up to the roof and make a basket and the patient comes but tells the eacher very positively, "I don't want to make a basket, that is kindergarten work." The teacher does not insist, but finds other work, such as a chair to cane or hospital slips to print, knitting, painting or weaving. It is not unusual for the patient to come rather sheepishly, after a few days in the shop, and ask to be shown how to make one of the waste baskets and acknowledging that it was not such a kindergarten task as they thought. Basketry is the best occupation we have for patients remaining but a short time in the hospital. From the weaving of the small work basket that takes only an hour or two to make, up to the elaborate tray that can take a week, it is still the most popular craft. The therapeutic value is good, for it requires concentration and patience and the result repays the effort.

Weaving comes next in value and will, we expect, become more popular as we have had a gift of a fine new loom on which intricate patterns can be woven readily, and already many pieces have been made into bags, book covers and pillow tops.

Painting is another occupation that has its place and value in the shop. Some of the furniture has been painted and decorated by men patients, and two pictures were painted by a woman patient for her own home.

Our new sun parlor work shop is beginning to look very comfortable. Besides the new chairs and rug and pictures

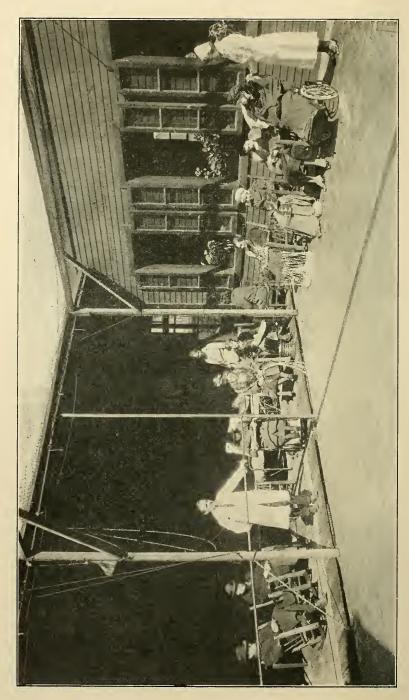
given to us during the year, we were enabled to buy a piano at less than cost through the kindness of a patient. The money needed was contributed by friends of the roof. Frequently there are patients who can play or sing and thus give pleasure to others and help themselves by this effort.

It seems selfish to speak of wanting more when we have had such generous gifts, but entertainments through a radio apparatus could be enjoyed by all. Our chairs and blankets are wearing out and we hope when they are replaced we can have steamer chairs and rugs, for the roof has been compared to the deck of a steamer in winter time. Linoleum in a red tiled pattern or some other warm color instead of the gray cement floor would add to the warmth and cheerfulness of the shop next winter.

Respectfully submitted.

Annie F. Gormly,

Teacher of Occupation Therapy.



### REPORT OF THE OUT-PATIENT DEPARTMENT

To the Trustees of the Neurological Institute. Gentlemen:

The treatment of nervous disorders is assuming greater importance daily. The disturbed condition of the world since the war has undoubtedly aggravated the increasing tendency to nervous disorders. But the primary causes are the increased speed and tension of life. The telephone, the automobile, the radio and the airplane, all aid in increasing the speed and stress of life.

The burden of this social state is limited to no group; both the well-to-do and the lowly suffer from the increasing complexities of life. When the strain begins to tell on the man of wealth, he can drop affairs and roam the earth care-free, or he may find rest and health in one of the gilded Sanitaria which abound. But what is to become of the man or woman of low estate? The average physician side-steps the care of the nervous patient. Where is he to go? Where will he find an interest in his case? Where is an interest in nervous states to be found? For such as cannot afford to go to a Neurologist's office, the neurological clinic is the answer.

After he has applied to the clinic and has been carefully examined and has received a diagnosis of his case, what is to be done with him? Shall he be uprooted from his customary life and placed in a hospital or shall he be instructed as to his manner of life and allowed to carry on? This is a momentous decision for the individual. If it be found that his nervous system shows signs of organic disease, the decision is simplified. He would probably do better for a time in a hospital where he will have constant medical attention. If he proves to be suffering from a functional nervous disorder, the problem of handling the case is more difficult.

In no type of out-patient clinic is the temptation greater to send the patient into the hospital where he can be entirely controlled. And in no type of clinic has the result of injudicious handling such disastrous possibilities as in one where functional nervous disorders are cared for.

It is a serious matter to uproot a person from his daily social contacts and set him down in the protected and sequestered life



of a hospital. For when the term of care is over the difficulties of readjustment to the demands and buffets of life have to be faced as before. The danger of becoming hospitalized, a kind of existence in mental swaddling clothes, is ever present.

The trend of modern care of the nervously disabled is not to abstract the patient from his usual daily contacts. But to encourage him to go on, easing his burden by instruction in handling his difficulties and in adjusting his life to them, and giving him such adjuvant treatments as seem suitable to the individual case. It is this need which the Out-Patient Department of the Neurological Institute attempts to meet. The nervously sick are, thus, kept in their homes and at their daily tasks while recovery slowly proceeds and the goal of modern medicine, prevention of grave and disabling illness, is achieved.

The demand for this type of service has grown out of all proportion to the working space in the Neurological Institute, so that only about half the number of patients which apply daily can be accepted. Those able, are asked to pay one dollar for examination and twenty-five cents for treatments. If they cannot pay they are accepted just the same.

Fifteen to twenty-five new patients and about twice as many old patients are seen by the doctors while a large number receive some form of physiotherapy each day.

In order to provide for a group of people who do not wish to accept medical services for a nominal sum, but are unable to pay the fees of a specialist, a pay clinic was established four years ago, the fee being five dollars. Recently an evening pay clinic on Monday and Friday evenings, was opened to meet the demand of self-supporting working people.

This kind of medical work, evidently in such demand by the public, is greatly cramped at the Neurological Institute, which is the only institution in the city devoted exclusively to this type of work.

More and better work could be done if more space were provided. For some time the limit of capacity has been reached.

Respectfully submitted,

C. Burns Craig, M. D. Chairman Out-Patient Committee. 59

## Treatments Given to Dispensary Patients

	Hydro- therapy	Electro- therapy	Mechano- therapy	Massage	Baking	Total
December	1,092	1,090	46	585	212	3,025
January	889	903	50	417	200	2,459
February	616	770	34	387	196	2,003
March	1,040	844	42	515	174	2,615
April	1,097	956	14	381	298	2,746
May	1,313	1,282	31	462	300	3,388
June	1,043	950	14	425	280	2,712
July	909	875	1	354	260	2,399
August	1,021	793	5	329	230	2,378
September	******	625	3	359	228	1,215
October	462	935	****	483	361	2,241
November	931	975	12	488	389	2,795
Total	,	10,998	252 ments 29 97	5,185	3,128	29,976

### Treatments Given to Private Clinic Patients

			Mechano-	3.6	D 4 1	m . 4
	therapy	therapy	therapy	Massage	Baking	Total
December	617	245	37	250	250	1,399
January	516	227	22	199	500	1,164
February	433	222	13	128	180	976
March	670	254	13	174	174	1,285
April	724	288	12	243	200	1,467
May	724	292	7	210	210	1,443
June	671	177	10	164	200	1,222
July	550	205	32	148	186	1,121
August	616	292	17	175	200	1,300
September		249	13	205	216	683
October	256	294	5	186	300	1,041
November	454	277	8	192	262	1,193
-			<del></del>			
Total	6,231	3,022	189	2,274	2,578	14,294
	To	tal treatr	nents, 14,29	4		

### CONTRIBUTIONS

### UNDERWRITINGS

0112 2311 11 201 201	
Mr. Clarence Dillon	\$ 2,500.00
Dr. C. A. Elsberg	1,250.00
Mr. Robert Thorne	500.00
Mr. R. H. Williams	2,500.00
The Bachelors (H. C. Stebbins)	1,000.00
Miss Ruth Twombly	2,500.00
Miss Mabel Choate	2,500.00
Estate Ellen C. Harris (Bequests)	5,000.00
Mr. J. Horace Harding	500.00
Mr. R. P. Perkins (Transferred from loan)	1,200.00
Total	\$19,450.00
SPECIAL FUNDS	
APPROPRIATIONS FROM COMMONWEALTH FUNI	

AFFROIRIATIONS FROM COMMON WIMELIT TOTAL	ř.
For Social Research	\$ 3,000.00
For Multiple Sclerosis Research	-3,500.00
For Epilepsy Research	4,000.00
Tor Epitepsy research	
Total	\$10,500.00
FROM UNITED HOSPITAL FUND	
	\$ 2,162.67
BONDS RECEIVED THROUGH DR. J. RAMSAY HUNT	
First 41/4 Per Cent Liberty Bonds	\$ 5,000.00

### PLEDGE CARDS AND MISCELLANEOUS SOURCES

Mr. William Bloom	\$ 100.00
Mrs. R. J. Levy	25.00
Mr. H. A. Elsberg	25.00
Mrs. Julia R. Ballerstein	100.00
Mr. Walter G. Ladd	200.00
Mrs. Isaac L. Rice	10.00
Mrs. Albert Erdman	25.00
Mrs. Gustavus Sidenberg	10.00
Mr. William Siegrist, Inc	50.00
Mr. Max Eisman	10.00
Mr. Ernest Trow Carter	10.00
Mr. Roland S. Kursheedt	25.00
Mrs. Charles Neave	10.00
Mrs. Max Danziger	10.00
Mr. A. Bellar	10.00
Mr. Jane S. Scholle (By J. S. Erdman)	10.00
Mr. Joseph L. Butterwieser	50.00
Mr. H. Boardman Spalding	10.00
Mr. Artemas Ward	25.00
Mr. G. W. Spitzner	50.00
Mr. F. N. Anson	100.00
Mrs. Louis Nova	10.00
Mr. Richard F. Howe	250.00
Mr. Percy Chubb	25.00
Franklin Simon & Co	10.00
Miss Josephine Jacobs	10.00
Mr. Walter C. Arensberg	10.00
Mr. Charles Steele	100.00
Mrs. E. Moses	25.00
Mr. William I. Jacobs	10.00
Mr. I. Henry Hirsch	10.00
Mrs. Charles S. Untermeyer	10.00
Mrs. Percy R. Pyne	25.00
Mrs. Milton Bernstein	10.00
Interest on deposits	69.25

Total ......\$ 1,439.25

### DONATIONS

Financial gifts for special purposes and occasions were received from the following:

Senora Carreno Mr. R. P. Perkins
Mr. Sherman Day Mr. Charles Scribner
Dr. Charles L. Dana Mrs. A. E. Smith
Dr. Charles A. Elsberg Mrs. Etta Smith
Mr. H. K. Knapp Mr. Robert Thorne
Miss Mary Olcott Mr. Harrison Williams

Mr. Richard H. Williams

Our patients appreciated and enjoyed the following gifts:

Christmas trees, holly, turkeys, raisin bread, candy, toys, cards, cut flowers and plants, books and magazines, ice cream, apples, victrola records, raffia and reed, loom for occupation departments, six rugs, stethoscope, flower baskets and vases, jellies and jam.

Mr. Sherman Day
Mrs. W. G. Ladd
Dr. Charles A. Elsberg
Mrs. E. H. LaGarde
Mrs. Albert E. Erdman
Miss Jane S. Erdman
Miss Mary Olcott
Mrs. Mansell Field
Mrs. Frederick Peterson
Mrs. A. G. Hodges
Mr. Samuel Hunter
Silz & Co.

Mrs. A. G. Hodges Shults Bread C
Mr. Samuel Hunter Silz & Co.
Miss Anna Johnstone Mrs. Silverman
Miss Edith Kendrick Mrs. W. Edgar





# Form of Bequest

# Form of Devise of Real Estate

l give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate jurposes, all that, etc. (Here describe the property.)

ME COLLECTION

# THIRTEENTH REPORT

FILE COPY.
NOT TO BE TAKEN
FROM ROOM.
HARRISON WILLIAMS.

# THE NEUROLOGICAL INSTITUTE

of NEW YORK

FOR THE YEAR ENDED DECEMBER 31, 1923

149-151 EAST 67th STREET NEW YORK CITY





# THIRTEEENTH REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEAR ENDED DECEMBER 31, 1923

149-151 EAST 67th STREET NEW YORK CITY

# THE NEUROLOGICAL INSTITUTE OF NEW YORK

For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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SHERMAN DAY
Secretary

HARRISON WILLIAMS
Treasurer

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MABEL CHOATE
The PRESIDENT, ex-officio

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RUTH V. TWOMBLY

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MRS. JOHN BLAIR Financial Secretary

<sup>\*</sup> Deceased.

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# Organized February, 1924

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MRS. SIDNEY C. BORGFirst V	ice-Chairman
MRS. FREDERICK TILNEYSecond V	ice-Chairman
MRS. JOHN BLAIRSecreta	ary-Treasurer

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Consulting Dentist WILLARD B. FORCE, D.D.S.

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Attending Thysicians

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Adjunct Physicians

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ALFRED S. TAYLOR, M.D.

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LULU A. RAINEY
HELEN M. CROTHERS

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Director of Physical Therapy A. W. OFFENTHAL, M.D.

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OLIVE HEIMAN, R.N.

JOHN HOMMEL

Massage and Mechanotherapy CHARLES NELSON, Director

#### Assistants

ANNA O. AXELSON ELSA BERG HILDA T. CLAUSON IDA HOLM SIGNE JANZE ANNA LARSEN ERIC DESSLE
\*ERNEST GUNTHER
ARTHUR W. PERSSON
HELMAR WESSMAN
JOHN REGEIRER

Gymnastics
ANDREW PATRICKSON
Electrotherapy
PHOEBE BLOOMER

<sup>\*</sup> Deceased.

<sup>+</sup> Indefinite leave of absence.

Superintendent ESTHER F. RIVINGTON, R.N.

Supervisor of Nurses
GERTRUDE M. DWYER, R.N.

Cashier EDWARD A. POWERS

Night Supervisor MARGARET LEE, R.N.

Dispensary Supervisor MARY DOBECK, R.N.

Registrar WALTER WURMSER

Private Floors
ALICE WALSH, R.N.
MILDRED STEVENS, R.N.

Women's Ward BEATRICE WALLACE, R.N.

Men's Ward
IDA M. WAKELEE, R.N.

Occupation Department ANNIE F. GORMLY The Following Reports and Statistics are for the Year Ended December 31, 1923

# IN MEMORIAM ROBERT PATTERSON PERKINS

The Trustees of the Neurological Institute with profound sorrow record the death, at his residence in New York City on April 28th, 1924, of their late associate and President, Mr. Robert P. Perkins.

Mr. Perkins was one of the founders of the Institute in 1909, and from then until his death served as a trustee and also successively as Secretary, Vice-President and President, a record of service unique in its annals.

Although closely identified with many and varied activities, his interest in the Institute during these many years never flagged. He gave unsparingly of his time to the supervision of its administration, and by this personal devotion contributed largely to its success. In critical periods his inspiring determination, as well as the material assistance of which he gave with a free hand were vital factors in insuring the continuance of our existence. Upon the history of the Institute he has left an indelible imprint.

His broad experience, sound judgment and comprehensive vision were at all times of inestimable value to his associates and co-workers and his personal relations were always characterized by tact, consideration and cheerfulness which won the trust and confidence of all.

The patience and fortitude with which he endured the sufferings occasioned by the illness which came upon him in 1923 aroused the sympathy and admiration of all his friends.

The Institute and we, his fellow trustees, have suffered a great personal loss in his death. The memory of his rare and noble character will be a lasting monument.

#### REPORT OF THE EXECUTIVE COMMITTEE

To the Trustees of the Neurological Institute:

Through the efforts of Mrs. Blair, our Financial Secretary, a Women's Cooperative Committee has been organized, with Miss Mary Lincoln Aldrich as Chairman, which has already become a live and helpful force in the operation of the Institute.

We have established a night clinic which has met with immediate and gratifying response, thus indicating a real public need for

such a service.

There have been no other outstanding incidents in the life of the Institute, but we have continued to handle successfully in every department a volume of work far in excess of the normal capacity of

our plant and equipment.

We are deeply conscious of the inadequacy of our facilities for the work which we are now doing and for the greater service which we might render, but with the growth of the Institute there is, we feel, a growing appreciation and understanding by the public that the study, prevention and treatment of nervous and mental diseases is the most important public health problem of our day, and with a full realization of that fact we believe that the public will not fail to supply the greater plant and equipment which is needed to cope more adequately with that problem.

Your committee desire once more to place on record their appreciation of the loyal, devoted and efficient service of the entire medical staff and also of Miss Rivington, the Superintendent, and Miss Dwyer, the Supervisor of Nurses and the entire administrative staff which alone makes possible the great work which the Institute is now

doing.

Respectfully submitted,

ROBERT THORNE,

For the Executive Committee.

#### REPORT OF MEDICAL BOARD

To the Trustees of the Neurological Institute:

The past year has once more demonstrated the great value of the Neurological Institute to the community and has witnessed an even closer coordination of the various activities in all departments of the Institute.

The special clinics are not only growing in popularity, but are extending their activities in a manner that causes great satisfaction. The Endocrine Clinic continues its progressive development, and in addition to the usual number of visitors, it has been giving a course of instruction to Post-Graduate students of Columbia with great success. The special clinic for children has so well justified the foresight and the judgment of the Board of Trustees that it has been compelled to increase its work by operating two mornings a week, instead of one, and by the addition of another physician, so that at present three physicians are conducting this clinic. Research work of this department both along the lines of classification of these states and therapeutic measures continues with the same vigor and active study as ever.

The increase in scope of the clinical laboratory by the addition of apparatus for the study of basal metabolism has fully justified the expenditure. We are now not only better equipped for the study of obscure biochemical changes, but we have added another source of revenue to the hospital. The X-ray department has likewise increased both the amount of work and improved its standard of excellence, until it is safe to say that this special type of scientific achievement is second to none.

The increased attendance of the morning Pay Clinic, so demonstrated the value of this department that an evening branch of this department on two nights a week was started during the past year. The attendance, which now almost equals that of the mornings clinics, demonstrates the wisdom of this step.

The introduction of night treatment hours for those unable to attend in the afternoons has already proved very successful in ministering to the needs of a large dserving class of sufferers, and fully justifies the wisdom of the Board of Trustees in their decision to

open the doors of the Institute at night for treatment.

The recently created position of Post-Graduate Clerkship has so far proved of little attraction to post-graduate students. The Secretary of the Medical Board has received numerous requests for information, but thus far only a few have availed themselves of this privilege. The reasons for the failure of this course to attract more students is in some respects difficult to understand. We have the staff and material of extraordinary variety, but in spite of this the number of students is too small in view of the opportunities offered. The lack of facilities for proper intensive teaching by

formal courses, didactic lectures, etc., is in all probability partly responsible for the meagre response and it is with regret that the Secretary reports that the post graduate clerkships are not proving to be as popular as we had hoped.

The same cordial relations continue between the Institute and Columbia and Cornell. Although no formal clinics were held the past year, post-graduate students of Cornell and Columbia profited by the opportunities for study at the Institute and the privilege of working during the summer months has been granted to several undergraduate students of Columbia.

The Medical Board desires to express formally its appreciation of the great loss sustained by the Institute through the death of Mr. R. H. Williams, Vice-President of the Board of Trustees, whose unerring judgment and untiring devotion to the interests of the Institute have been sorely missed during this past year.

The liberality and devotion of your Board has enabled the Institute to maintain the same standard of excellence and progress as in former years. The Medical Board greatly appreciates your constant endeavors to bring the aims and ideals of the Institute in closer contact with the public by enlarging the number of our friends and by stimulating a more active lay cooperation. Furthermore, it is the belief of the Medical Board that your efforts in these directions will not only lead to a more immediate improvement in our services to the community, but that they will ultimately lead to the adequate expansion of our facilities for the care of the sick, for the instruction of students of all kinds, and for the inauguration of research in all departments.

The Medical Board desires to record its appreciation of the loyalty, devotion and unselfish cooperation of the Superintendent, the Supervisor of Nurses and the entire personnel of the hospital during the past year.

E. G. ZABRISKIE, M.D., Secretary.

#### REPORT OF CLASSIFICATION CLINIC

To the Trustees of the Neurological Institute:

A statement of the activities of the Classification Clinic of the Neurological Institute during its third year, beginning October 1st, 1922, and ending September 30th, 1923, is hereby submitted:

Dr. Stewart Paton has been consultant psychologist to the Classification Clinic, appointed by the Board of Managers of the Neurological Institute. Otherwise, the personnel of the clinic has remained unchanged. Dr. Paton has had an active interest in the clinic since its beginning, and his appointment to the staff has made a valuable addition to its officers.

Miss Anne Raymond, formerly associated with the American Child Health Association, who was engaged to visit schools in the vicinity of New York continued her duties until May 31, 1923. Miss Raymond came to the clinic with valuable experience for this work.

Dr. Grace A. Taylor, of Columbia University and Smith College, has served the clinic throughout the year not only in the capacity of psychologist, but in an advisory way in recommending schools and school grades for children.

I wish to take occasion at this time to speak of the interest and of the valuable services which each officer of the staff of the clinic has rendered. These physicians have generously given their services, practically gratuitously, notwithstanding the many demands upon their time.

An intimate relationship has developed between the clinic and the officers of the School Information Bureau of New York, the latter furnishing the clinic with information about individual schools.

As the clinic has developed, it has become evident that a modification of rates is desirable in certain cases. For that reason the fixed rate for complete examination has been modified in a number of instances, as seemed advisable. While this may have temporarily decreased the total income of the clinic, it has broadened its scope of activity, and will be of eventual benefit to it.

An arrangement was made with the Ridgefield School, Ridgefield, Conn., by which pupils from there referred to the Classification Clinic will be examined at a reduced rate. The following statement appears in the catalogue of that institution:

"We have made arrangements with the Classification Clinic, 173 East Seventieth Street, New York City, founded by the late Dr. Pearce Bailey, for the complete physical and mental examination of our boys at a considerable reduction from the usual fee, should parents at any time request us to have such studies made." The same arrangement was made with Rosemary Hall, Greenwich, Conn., the following announcement appearing on the physical examination sheet of that school:

"More and more attention is now being paid to physical and psychological examinations of boys and girls for the purpose of determining for what career, what vocation, what surroundings, their particular characteristics best fit them. We have made arrangements with the Classification Clinic, 173 East Seventieth Street, New York City, founded by the late Dr. Pearce Bailey, for the complete physical and mental examination of our girls at a considerable reduction from the usual fee, should parents at any time request us to have such studies made."

The new Circulars of Information were sent out early last winter, telling of the functions and activities of the clinic. As has been stated elsewhere, following Dr. Bailey's death there were fewer applications for examinations for a number of months. Following these announcements, however, the number has increased, although the total number examined is slightly less than last year, those for the year ending September 30, 1923, being 24, as contrasted with 27 last year. A small size circular for enclosure with letters has been printed, as well as the larger size.

Attention is called to the types of children examined at the clinic, which have been as follows:

First—Normal children without specific complaint of any kind, but for whom the parents wish a thorough routine physical and psychological survey.

Second-Children who are not doing well in school, in conduct, or at their work, and for whom the parents wish to know the causes and desire recommendations. It has been found that the latter fall into the following general groups: First-Nervous children: psychoneuroses are extremely common in adult life and their prototypes are exceedingly common in children, arising from various causes. Second-Children who are dull in school studies. These children by psychological ratings make a relatively low score. The formal curriculum of most private schools does not meet their needs. It is for this reason that they fail to make progress under ordinary courses of instruction. Third-Children with personality disorders. These are quite frequently seen, arising either from inherent or invironmental causes. Fourth-Mentally defective children. A number of these cases have been examined at the clinic. Relatives have wished a concise diagnosis and information as to proper methods of Fifth—Children with organic nervous disorders. are relatively infrequent and are not referred to the clinic unless there is an accompanying phychological disorder.

One of the activities of the clinic is to offer advice as to the particular kind of school instruction which will be of most benefit

to the child. Difficulty has been experienced in finding schools which can offer special teaching in certain subjects, such as manual training, arts and crafts, and individual tutoring outside of the regular curriculum. The vast majority of schools do not wish pupils who need this type of training. There appears to be an ever-increasing need in the educational field for such schools, or rather for the introduction of special methods in schools for certain pupils. It is believed that education of the future will develop more and more in these directions.

A financial statement of the clinic for the year ending September 30, 1923, is appended. The generosity of one member of your Board, Miss Mabel Choate, is responsible for the Clinic being in position financially to continue its operations as originally planned. Formal acknowledgment at this time is due Miss Choate for her continued interest and support of the functions of this section of the Institute which is considered highly important by its Medical Staff and by its Board of Managers.

Respectfully,
FREDERICK PETERSON, M.D.,

Director



CHILDREN'S WARD

# HOSPITAL STATISTICS

# CASES TREATED

	Male.	$\begin{array}{c} 1923. \\ Female \end{array}$	Total.
A—Organic Disease of the Nervous System			
Abscess Brain Spinal Cord	3	0	3
Agenesis, cerebral	7	1	8
Amyotrophias			
Neuropathic	$\frac{1}{2}$	0	$\frac{1}{2}$
Spinal Forms			
Myopathy Manual (Aran-Duchenne)	2	0	2
Mixed Forms			
Myatonia Congenita (Oppenheim)	1	1	2
Amyotrophic Lateral Sclerosis	7	5	12
lagra, infective Neuronitis	1	0	1
Chorea Infectious	7	10	00
Infectious Gravidarum	3	16 0	23 3
Convulsive States		Ů	Ü
General			
(a) Morbid brain conditions, inflammatory, trau-			
matic degenerative	2	2	4
(b) Of well recognized toxic cause, e.g., uremic, eclamptic, gastrointestinal	3	1	4.
(c) Of unknown constitutional causes, including	,		
epilepsy	38	27	65
Deformities (congenital) Spina Bifida, Cervical Rib			
(acquired) Developmental, Deformity of head, Meningocele	0	0	0
	0	0	0
Dystonias, e.g., Oppenheim, Thomsen		-	
Encephalitis Enidomia	3	3 34	6 82
Encephalitis, Epidemic	48		
Familial Ataxia	0	0	0
Hydrocephalus	4	5	9
Meningitis Pachymeningitis	1	1	2
Cerebrospinal	2	2	4
Tuberculosis	0	0	0
Migraine (Ophthalmic)	1	2	3
Multiple Sclerosis (Disseminated sclerosis)	17	26	43
Myasthenia Gravis	0	3 *	3

		1923.	
Myelomalacia (including myelitis)	Male.	Female	Total.
Acute	1	1	2
Chronic	0	0	0
Infectious	5	2	7
Toxic, Diabetic	0	0	0
Traumatic	0	0	0
Neuralgia, Trigeminal	S	14	22
Neuritis	30	34	64
Facial (Bell's Palsy)	0	1	1
Primary optic			
Multiple	4	6	10
Alcoholic	2	1	3
Diphtheritic			
Metallic—Lead, Arsenic			
Leprous			
Beri Beri			
Other Forms—Diabetic	3	4	7
Neurosyphilis			
Tabes	27	5	32
Taboparesis	0	0	0
Meningo-Vascular	52	15	67
Juvenile Paresis			
General Paresis	13	0	13
Paralysis Agitans L	9	8	17
Poliomyelitis			
(Subacute)	4	4	8
(Herpes Zoster)			
Sclerosis-subacute, combined	7	10	17
Syringomyelia	4	3	7
Torticollis Organic	1	0	1
Tumor—Brain, Cord, peripheral nerves } Brain	47 10	41 18	88 28
Vertigo-Labyrinthine	10	10	20
Vascular Disease			
General			
Angiospasm	3	3	6
Aneurism	1	0	1
Hemorrhage—Brachial Artery		_	0.0
Thrombosis—Dorsalis Pedis, Brachial Artery	12	8	20
Focal: Cerebral	20	3	23
Angiospasm—Cerebral	20	9	20

1923.

		1923.	
	Male.	Female	Total.
Aneurism—Cerebral	1	0	1
Embolism—Cerebral	12	8	20
Hemorrhage—Cerebral and Spinal	8	8	16
B—Injuries Nervous System			
Brain Frontal, Foreign Body in Brain	1	0	1
Spinal cord, Cervical-Thoracic	2	0	2
Peripheral Nerve, Median, Ulnar Nerve	9	3	12
Fractured Skull, Osteomyelitis of Skull	3	1	4
Fractured Vertebrae	1	0	1
	•	•	1
${ m C}Endocrinopathies$			
Thyroid Syndromes			
Hyperthyroidism	1	4	5
Hypothyroidism	0	4	4
Cretinism			
Simple goitre			
Adenomatous goitre			
Cystic goitre			
Exophthalmic goitre	0	1	1
Pituitary Syndromes			
Hypopituitarism	2	6	8
Hyperpituitarism	1	0	1
Paget's Disease	1	- 0	1
Acromikria	0	1	ī
Gigantism	2	0	2
Pituitary neoplasm and cysts	4	4	8
	•	•	Ü
Thymus Syndromes		0	
Status thymico—lymphaticus	4	0	4
Adrenal Syndrome			
Pluriglandular Syndrome	2	7	9
Vegetative Nervous System			
Vagotonia	0	2	2
n n 1			
D—Psychoneuroses	22	35	57
Tics			
Hysteria	23	35	58
Neurasthenia	15	21	36
Psychasthenia	3	1	4
E—Constitutional Psychopathic State	9	6	15
Alcoholism	8	3	11
	3	6	9
Drug Addiction	0	0	0
Emotional Instability	0	2	2
Inadequate personality	0	0	0
Paranoid personality	U	U	U

		1923.	
		Female.	Total.
Pathological liar	0	0	0
Sexual psychopath	0	0	0
F—Mental Deficiency			
Moron	4	2	6
Imbecile	5	3	8
G—Borderline			
1. Traumatic Psychoses	3	2	5
2. Senile Psychoses	4	2	6
3. Psychoses with Cerebral Arteriosclerosis	6	2	8
4. General Paresis	21	3	24
5. Psychoses with Cerebral Syphillis	0	0	0
6. Psychoses with brain tumor	1	0	1
7. Alcohol psychoses			
(a) Delirium Tremens	0	0	0
(b) Korsakow's Psychosis	1	1	2
8. Psychoses due to drugs and other exogenous toxins			
(a) Morphine, cocaine, bromides, chloral, vero-	_		
nal, etc., alone or combined	3	1	4.
(b) Exhaustive	0	0	0
9. Psychoses with other somatic diseases	3	3	6
10. Manic Depressive Psychoses			
(a) Manic type	8	12	20
(b) Mixed type	0	0	0
(c) Depressive type	13	12	25
11. Dementia Precox			
(a) Paranoid type	8	5	13
(b) Katatonic type			
(c) Hebephrenic type	0	1	1
(d) Simple type		10	0.5
Non-neurological conditions	17	18	35
Undiagnosed cases			

# $\begin{array}{c} \textbf{HOSPITAL PATIENTS CLASSIFIED ACCORDING TO} \\ \textbf{NATIONALITY} \end{array}$

Austria	301	Lithuania	3
Argentine	1	Mexico	1
Armenia	3	Norway	1
Africa	1	Palestine	2
Australia	1	Panama	1
Barbados	1	Poland	45
Belgium	8	Porto Rico	6
Bohemia	10	Prince Edward Island	1
Canada	17	Roumania	78
Cuba	5	Russia 9	91
China	1	Scotland	14
Czech-Ślavia	8	Serbia	1
Denmark	5	Spain	4
England	47	Sweden	15
Finland	7	Switzerland	9
France	18	Syria	2
Germany	89	Trinidad	1
Greece	9	Turkey	10
Holland	6	United States21	143
Hungary	88	Venezuela	2
Ireland	130	West Indies	15
Italy			



OPERATING ROOM

# OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

# From December 1, 1922, to November 30, 1923

	No.	Deaths
Total number of operations	136	20
Total number of operations on the nervous system	127	
Total number of operations on the brain	86	
Total number of operations on the spinal cord	30	
Total number of operations on the peripheral nerves	11	
Miscellaneous operations	9	
Operations on the brain	86	18*
Craniotomy, removal of frontal lobe tumor	1	
Craniotomy, removal of parietal lobe tumor	2	1*
Craniotomy, removal of occipital lobe tumor	1	
Craniotomy, removal of cystic glioma of occipital lobe	2	
Craniotomy, exploratory, irremovable tumor	5	1*
Craniotomy, exploratory	22	7*
Craniotomy, decompressive	1	
Craniotomy, brain abscess	2	1*
Craniotomy, division of sensory root for trigeminal neuralgia	8	
Craniotomy, interpeduncular tumor	1	1*
Craniotomy, pituitary tumor	3	2*
Craniotomy, depressed fracture of skull	1	
Craniotomy, transphenoid, sellar decompression	2	
Craniotomy, aspiration of ventricles	9	2*
Craniotomy, suboccipital, intracapsular enucleation of tumor in cerebello-pontine angle	2	
Craniotomy, suboccipital, exploratory, irremovable tumor	7	2*
Craniotomy, suboccipital, exploratory, fremovable tunior  Craniotomy, suboccipital, cerebellar cyst	2	ىد
Craniotomy, suboccipital, tuberculoma of vermis	1	
Craniotomy, suboccipital, incomplete removal of tumor of	1	
vermis	1	
Craniotomy, suboccipital, removal of tuberculoma of cere-		
bellar lobe	1	
Craniotomy, injection of air for ventriculography	12	1*
Operations on the spinal cord and nerve roots	30	2*
Laminectomy, removal of extradural tumor	3	
Laminectomy, removal of extramedullary tumor	5	
Laminectomy, removal of extramedullary neuro-fibroma		
(Von Recklinghausen's disease)	1	1*
Laminectomy, exploratory	9	
Laminectomy, exploratory, extradural sarcoma	2	

	•	No.	Death
	Laminectomy, intramedullary tumor	3	1
	Laminectomy, chordotomy for extradural sarcoma	1	
	Laminectomy, division of posterior roots	4	
	Laminectomy, bullet wound of cord	1	
	Laminectomy, partial removal of giant tumor of conus and		
	cauda	1	
C	perations on peripheral nerves	11	
	Neurorrhaphy, rupture of cord of brachial plexus	1	
	Exploration of brachial plexus	2	
	Neurorrhaphy, ulnar nerve	3	
	Liberation, ulnar nerve	2	
	Liberation, cervical nerves and extraction of bullet	1	
	Neurorrhaphy, musculospiral nerve	1	
	Neurorrhaphy, median nerve	1	
N	Iiscellaneous operations	9	
	Excision of specimen, tumor of occipital region	1	
	Excision of navicular bone	1	
	Removal of foreign body from spine	2	
	Removal of foreign body from arm	1	
	Excision of specimens	2	
	Excision of cervical neurofibroma	1	
	Transfusion	1	

#### \* Causes of Death:-

- 1, 2, 3, 4, 5, 6, 7. One day to four months after exploratory craniotomy for irremovable infiltrating tumor of brain.
- 8. Three days after exploratory craniotomy extensive vascular degeneration.
- 9. Twenty-four hours after craniotomy and partial removal of tumor in interpeduncular space.
- Eight weeks after exploratory craniotomy. Autopsy showed multiple tumors of brain and of ventricles.
- Two days after removal of large endothelioma of parietal lobe. Patient operated on in coma.
- 12. Two days after transfrontal craniotomy.
- 13. Six days after craniotomy for brain abscess.
- 14, 15. Fifteen days and twenty-four hours after exploratory suboccipital craniotomy for irremovable tumor.
- 16, 17. One to three days after aspiration of ventricles for hydrocephalus.
- 18. Twenty-four hours after injection of air for ventriculography.
- 19. One week after laminectomy for intramedullary spinal cord tumor. Autopsy showed multiple tumor of cord and nerves in von Recklinghausen's Disease.

#### REPORT OF THE LABORATORY

To the Trustees of the Neurological Institute:

The work of the Clinical Laboratory has steadily increased during 1923, a total of 11,199 examinations having been made; this is 1,512 more than in 1922. Approximately 50 per cent of this increase is due to a different method of keeping records, whereby group examinations are divided into their component parts, each representing a separate technical procedure. In addition to the above total, there were 180 basal metabolism examinations on clinic and house patients, many of whom were sent to the Institute solely for this test. The metabolimeter purchased in 1922 has recently been replaced by an improved type of instrument, making for greater accuracy.

Three new pieces of apparatus were added to our equipment in 1923—a large electric water-bath, a microscope and a colorimeter. These are of inestimable assistance in handling the additional volume of work which can now be done more efficiently and expeditiously.

For some months past the laboratory has been preparing sterile glucose solutions for intravenous injection used in the treatment of various conditions.

From June to November, inclusive, records were kept of hospital and dispensary patients who paid for laboratory examinations and those who did not. The statistics show that 89 per cent of dispensary patients paid something and 11 per cent were free. In the hospital 36 per cent paid and 64 per cent were free; the latter group is made up chiefly of ward patients.

We wish to thank the trustees for the above-mentioned additions to the laboratory equipment, and also express appreciation to the

personnel of the Institute for continued co-operation.

Respectfully submitted,

OLIVER S. HILLMAN, M.D.,

Director of Laboratory.

#### REPORT OF X-RAY DEPARTMENT

To the Trustees of the Neurological Hospital:

The past year has witnessed a decided growth in the clinic of the X-ray Department, and with the present available space and equipment, much future increase in the number of patients cared for can hardly be expected. In 1922 we had 793 house cases, 813 from the clinic, and 173 for radiotherapy. A total of 1,779. During 1923 we had 2,406 cases, divided into 946 from the house, 1,184 from the clinic, and 276 for therapy. The personnel of the department has remained unchanged.

It might be advisable to consider the creation of an X-ray house officer service, either full or part time. This would allow of more therapy cases being cared for, and also solve the complication which arises when the Director takes his vacation. The clinic has a wide enough scope to offer anyone interested in X-ray a good chance to

become acquainted with this branch of medicine.

It recently became necessary due to a ruling of the Fire Department, to remove all our films to the roof, where they are temporarily stored, this of course makes it rather difficult to obtain a film at short notice. However, we are now using the newly developed non-inflammable film, which can be stored in the old filing racks, so that as time goes on the complication of finding the old cases on the roof will gradually diminish.

I trust that the future will bring forth some way of expanding the department to include a machine for the newer types of socalled high voltage therapy, although with our present machine our results are most encouraging; and finally, if the dark room could be consolidated with the rest of the department on one floor, the great-

est obstacle we have to contend with would be removed.

Respectfully submitted,

C. W. SCHWARTZ, M.D.,

Roentgenologist.

## REPORT OF SUPERINTENDENT

To the Trustees of the Neurological Institute:

We greet 1924 hopefully after a very trying year, when our very foundations seemed shaken by the great loss we sustained in Mr. Richard H. Williams' death, and the very serious illness of Mr. Robert P. Perkins. These two men had untiringly guided the Institute from its beginning, and it was very difficult to go on without them. However, the other members of your Board rallied to our aid; particularly should be recorded the splendid and unselfish devotion of Miss Mabel Choate as Vice-President and acting President, and Mr. Robert Thorne's unceasing cooperation and interest.

A new clinic, of the type of our morning pay clinic, was opened two evening a week, where patients who could afford to pay a moderate fee may be examined. On September 1st an evening treatment clinic was opened four evenings a week for patients who were working during the day and could not come to the afternoon clinics. These clinics have grown constantly, and are already running to capacity.

Only the closest cooperation of the Medical staff, the personnel of the hospital and out-patient, make it possible to meet, in a measure, the constantly growing demands of the community, and we should hail with delight any prospect of adequate space to carry on our work.

We gladly welcome the Women's Cooperative Committee, which the New Year brings us. Their very name spells great future possibilities.

With heartfelt appreciation for the amazing devotion and kindness to me during the past year of the Board of Trustees, the Medical Board and Staff, and the personnel of the Institute.

Respectfully submitted,

ESTHER F. RIVINGTON, R.N., Superintendent.

## REPORT OF SUPERINTENDENT OF NURSES

To the Trustees of the Neurological Institute:

The importance of special training for nurses in the study, treatment and prevention of nervous and mental diseases, can hardly be exaggerated. For some years we have been trying to fill that longfelt want in the general training of nurses. Our six months' course to graduates covers a complete lecture course on the following subjects: Anatomy and physiology of the brain and cord, nursing in brain diseases, pathological conditions of spinal cord. Treatment of fits, significance of laboratory tests, neuro-endocrinology, neurasthenia, psychasthenia and hysteria, nursing in brain and cord surgery, psychology and mental testing.

During the year 1923 thirteen nurses entered for the course, five resigned, five graduated, and three are still in training. Two of our nurses took the evening course in Neurology at Columbia University during the winter months, and we hope to make arrangements for the whole group to do so this coming year.

We very much appreciate the kindness of members of the Board and friends of the Institute who so kindly send theatre and concert tickets for the nurses, and also the physicians and surgeons who have so ably assisted in our lecture course and for their care of the nurses in illness.

Respectfully submitted,

GERTRUDE DWYER, R.N.,
Supervisor of Nurses.

OCCUPATION THERAPY SHOP



## REPORT OF THE PSYCHOLOGICAL LABORATORY

To the Trustees of the Neurological Institute:

Most laboratory reports can be concisely given in neat, meaningful figures. These figures may represent the number of tests made, and the results of the tests. In a psychological laboratory in which native ability or special disabilities are investigated it seems rather cold just to state:—fourteen hundred and sixty-one (1461) tests were made on twelve hundred and twenty-nine (1229) patients during the year. Although they cannot be interpreted as plus or minus the results of the tests made and the types of patients falling into the classifications are of interest.

In the first place, five hundred and sixty-five (565) of the twelve hundred and twenty-nine (1229) patients examined were classified as being average or superior in intelligence. This number is eighty-nine (89) short of being twice as large as that of the patients definitely classified as feeble-minded-three hundred and twenty-seven (327). These figures are of importance because a great many laymen feel that psychological tests are for the feebleminded and that it is almost a disgrace to acknowledge having subjected one's self to a test. The remaining three hundred and thirtyseven (337) cases were classified as borderline, deteriorated or psychopathic. The last two types of cases should not be rated, because their real ability cannot be estimated. However, in the cases of deterioration it is of value to rate the patient so as to watch for further changes. In the psychopathic cases, tests other than those of the age-rating type are used.

The problems given to a psyschological laboratory are varied. Aside from the routine work, which consists mainly in rating a patient as an aid to the physician in charge a great many more human problems arise:

- A. Why is it that this girl of perhaps 18 or 20 years of age insists upon getting herself into trouble with society? Is it because she is so inferior mentally that she has not the insight necessary to control herself? (In which case it would be wise to consider permanent custodial care, rather than temporary disciplinary training) or is she of average mentality, but of such poor home training that she does not realize a better method of living exists? (In which case it seems to be society's problem to teach her.)
- B. Why is it that this mother is unable to follow out her budget as do other mothers under similar circumstances? Is she of too low intelligence to handle her household affairs, even under

close supervision? Is she too unstable emotionally to continue in the rearing of her family?

C. Is this boy of sufficiently good mental make-up to warrant an organization giving him a scholarship so that he may continue at school and his family cease nagging him with not being a financial asset?

Although it is understood that factors, other than those in the field of the psychologist, enter the problems, some specific instances of the psychologist's work follow:

Type A. Marie, age 19, American-born: complaint, stealing. This girl's history showed that as both her parents were dead she had been living with an aunt. She had been working as salesgirl in various stores, but had never stayed long in any one place. On leaving a position she usually figured that some money was owing to her. When this was true, and she was paid she gave no further trouble. However, whenever there was no pay due her she would not believe it, and would start in to steal small articles from that special store. Several times she had been apprehended, but had been let off each time, as her stealing had not been very serious. Finally, she obtained work in one of the larger department stores, which had a welfare department. It was from here that she was referred to the laboratory. According to all but the intelligence tests she was negative. Mentally she measured 9 years 3 months, with an intelligence quotient of .58. This estimate showed her to be feeble-minded. It would seem then that the girl's poor mentality was the basis of her difficulty. Her reactions were what one might expect of a child who had a grudge against some one and wanted to "get square." Recommendations in this case were difficult. The aunt's home was not of the best. The girl herself was expected to make her own living, and yet was too incompetent to hold a position for any length of time. She had never been trained to do housework. She had never She was over age for trade been in other serious trouble. Unsupervised factory work seemed unwise. Two alternatives presented themselves-one of placing the girl as a domestic in a responsible private family, where her condition would be understood, or two, of placing the girl in an institution such as that at Rome, New York, where she would have the opportunity of learning whatever she was capable of accepting and perhaps, through the Colony Plan, have a chance of being placed back in the community in an intelligent way if she made good. Both propositions were talked over with the girl and she begged to be allowed to choose the latter, as she craved companionship, and wanted to "go to school."

The reverse in mental make-up is seen in the following patient:

Helen, 20 years, American-born: complaint, stealing. In this girl's home everyone worked. Her father was dead and her mother and two brothers were employed daily. The girl herself worked in a factory. She was allowed to use her wages as she saw fit, after paying a small amount for board. The girl was brought to the laboratory by a department store social worker, who accused her of taking a dress. The girl acknowledged having tried on a dress, and then having put on her own street clothes over it. Unexpectedly the new dress was the longer, and showed below the street skirt. In talking with the patient she further explained that she had taken many other articles from other stores. In fact, she had been systematically stealing for some time. She had been arrested twice, but both She had now reached the stage times had been released. where she felt that she could do as she wished and still "get away with it." She was not of the kleptomaniac type. tally she measured 16 years, 7 months, with an intelligence quotient of 1.03 average. She impressed the examiner as being of the hardened type, but of sufficiently good intelligence to respond to discipline, therefore, disciplinary training was advised, as it seemed an injustice would be done to this girl if she were allowed to continue in her ways without some form of resistance.

Type B. Woman, 41 years of age, foreign-born, illiterate; speaks little English; a widow with 5 children, ages ranging from 5 to 14 years, living in three rooms: The complaint was made by a charitable agency, and was to the effect that Mrs. S. seemed incapable of managing her household on the plans mapped out for her, although she kept her home and her children clean and neat. She continually asked for more funds, and could not make an accounting of how she had spent her money. Neurological examination was negative. Tests given in her own tongue and also with the aid of an interpreter estimated this woman as being of about 11 years mentality. On motor tests on which language is not a factor she measured about the same. Her mentality then could well be the cause of her inability to make both ends meet. When her husband was alive he regulated the finances of the family. With him absent she was unable to control her desires to buy luxuries in food, clothing and house furnishings as soon as her monthly allowance was given her. In this case, although of low mentality the patient showed herself capable of keeping her home and her children in good condition. Therefore it was advised that she be allowed to continue in the home and that the agency in charge give the allowance in weekly instalments, and also give her more close supervision.

Woman, 45 years, American-born, grammar school education, a widow with three children, ages from 3 to 9 years. plaint was made by an organization which reported that although the patient gave the impression of being capable and anxious to keep her home together, she seemed unable to keep it in other than a littered and dirty condition. The children were ill kempt and dirty. Organically, the patient was negative. Mentally she measured 16 years with an intelligence quotient of 1.00-of average ability. However, during the three-test periods the patient showed herself to be unreliable, extremely superstitious and erratic. She finally acknowledged that she believed in ghosts, and that her whole life was haunted by fear of them. She was in the habit of leaving crumbs about her rooms for the ghosts to feed upon. She frequently got up in the middle of the night, awakened her children and insisted on all listening to the "knockings." This information obtained by the psychologist placed a different light upon the situation. In this problem, although testing average in mentality, the patient showed herself to be incapable. The physician advised placing the children away from the mother and placing the mother in a hospital for observation.

Type C. David, 16 years, 3 months, about to graduate from grammar school: Boy insisted upon going to High School because his older brother did so. He acknowledged that studying was hard for him. His family was dependent on a charitable organization. This organization was willing to increase the family budget in order that David might continue his studies if he was found to be of sufficiently high mentality. On intelligence tests David rated 13 years mentally. His intelligence quotient was .81. (According to unpublished reports, it is practically futile for a child with an intelligence quotient of .81 to attempt High School work.) On motor tests the boy showed interest and did good work. It was advised that the family budget be increased, and that the boy be allowed to attend a trade school so that he might enter industry as a skilled rather than an unskilled worker.

John, age 14, American-born of American parentage: The boy was brought to the laboratory by his mother, who was referred from the school. The school felt that the boy was nervous. The boy's home was not in special need, but the boy's parents had the belief that the children should go to work as soon as possible. The boy was underweight and undernourished physically. The mother considered the boy different from the rest of her family. He apparently was ambitious, and read a great deal. The mother explained "the likes of him wants to be a doctor." According to mental test the boy measured 17

years 6 months. His intelligence quotient was 1.25—above the average in mentality. The boy himself was very anxious to continue High School and go to college. He was not at all in sympathy with his parents and their enjoyments. The physician advised that the boy attend a summer camp and be built up physically. He was also referred to an organization for a scholarship fund, so that the family would cease to mag him while he was completing his education.

That there are many other Davids and Johns, to say nothing of countless Sarahs and Marys, upon whom we have not reported, is an unquestioned fact. Under present limitations in the way of space and workers we are helping as many as possible in the solutions of their problems.

Respectfully submitted,

GLADYS G. TALLMAN.

## REPORT OF SOCIAL SERVICE DEPARTMENT

To the Trustees of the Neurological Institute:

During the past year a total of 1,567 cases was cared for by our Department, as against 1,371 in the previous year. 578 of these were new cases. 1,694 visits were made in behalf of these patients. 1,888 visits were made in 1922. This discrepancy may be explained partly by the fact that in 1922, for six months we had a volunteer worker doing follow-up with the endocrine clinic, and partly by the fact that during midsummer of this year one of our workers was on a half-time basis and later had a prolonged vacation.

The balance of the work carried on by the Department may be gathered from the following figures:

Office interviews	2575
Office letters	935
Telephone calls (approximately)	3030
Financial investigations	
Staff conference and Committee meetings attended	
Patients sent to the country	113
Employment secured for patients	

The work of general Social Service includes numerous cases of so-called slight service, such as errands, telephone messages, occasionally letters for ward patients; referring for employment, and institutions and placements usually requiring communications by telephone or correspondence only. Much time is also consumed in making financial investigations to determine the ability of patients to pay hospital and clinic fees. Slight as the service may be, in many of these cases it is often an important factor in their treatment. In the aggregate the time consumed is nearly, if not quite, sufficient to claim the entire attention of one worker.

Of the intensive cases, there are two types, choreic patients and those suffering from psychoneuroses or psychoses, which require a close follow-up over a long period of time.

The former require education of the parent in proper control of patient, including diet and habit forming. It is also necessary to secure the cooperation of the school to prevent overstrain and in order that early symptoms of a recurrence of the disease may be noted and reported.

It is difficult to give an adequate description of the work done in the latter group. In the crowded clinic it is impossible for the psychiatrist to give the necessary time to these patients. He therefore depends upon the worker to supplement his efforts by carrying out as far as possible his suggestions for social treatment. In addition to many interviews with the patients, this usually involves plans for employment, exercise and recreation, including visits to the family; to other agencies and sometimes to the employer.

A brief summary of one or two cases may serve to give some idea of the work accomplished.

## CASE I.

A young matron, a ward patient, was referred to our Department for social treatment.

She complained that she had been neglected and mistreated in another hospital at the birth of her child, six months before. She could talk of nothing else, threatening to kill the doctor who delivered her. She further expressed lack of confidence in all doctors and hospitals. This attitude made the task of securing her cooperation exceedingly difficult in following the recommendations made by the psychiatrist on her discharge. She was referred to another hospital for a gynecological operation, and advised to report to our clinic from time to time.

Weekly visits were made for several months. Often the house was neglected, and it was evidently with great effort that she cared for the baby. Her husband nagged her because she could not keep up with her work. The situation was explained to him, and he was urged to have more patience with her.

Her confidence was finally won, although it was months before the psychiatrist's recommendations were fully accomplished. She was persuaded to have the operation. Then began a siege to have her teeth fixed. This, too, was finally negotiated, and she was induced to go to the country for a short period of convalescence.

In the meantime the baby developed pyelitis, and she was given assistance in securing the best advice and care for the child.

She was moved into better and more cheerful rooms and now takes an interest in her housekeeping, and takes excellent care of her child. She still has periods of excitement and depression, and although they are less intense than formerly, we cannot feel justified in closing the case.

## CASE II

A refined American woman, a professional musician, was referred from the clinic. She was very much depressed, and could not rouse herself to take sufficient food, or even to take proper care of her person.

With some difficulty we succeeded in getting her to a country home. It was necessary to take her to the office, as she could not be depended upon to do anything alone. After a month's stay she returned, much better physically, but she was unimproved mentally. She was seen in the clinic by the psychiatrist, the afternoon of her

return, and was in such a disturbed state that she was advised to go to Bellevue. This she refused to do.

Temporary quarters were then secured and an effort made to obtain employment for her. She finally took a job as a parlor maid in a large hotel. She was visited frequently and encouraged to hold on to her job in the belief that the regular regime and forced contact with people would be beneficial to her.

Subsequent events proved that we were justified in our belief, for after six months she was well enough to re-establish herself in

her professional work.

These are only two examples, but there are others, some of whom come to the hospital almost weekly for encouragement and advice

in meeting their daily problems.

In this connection we regret to report that we are sadly hampered by lack of room. Many of the interviews are of the most intimate nature, and it is often impossible to secure any degree of privacy. Under more favorable conditions, fewer home visits would be necessary, and more work could be done in the office. At the same time the patient would often be benefited by the responsibility of making an effort to secure the advice and help he desired.

We endeavor to do the most work on those cases which seem to promise the best results. It is impossible, however, to maintain our standards in this respect on account of the many cases which need

emergency help of some kind or another.

This division of the service is carried by Miss Rainey, whose admirable work with this special type of patient has been an important factor in the growth of our Department.

## THE MENTAL HEALTH CLINIC FOR CHILDREN

This clinic, which so far has been held on Wednesday mornings only, has studied to date 250 children. 114 new cases were examined in the clinic during the year and 427 clinic visits were made by these children.

An interesting feature is the large number of agencies referring their cases to us, with the schools well in the lead. Brooklyn and Queens contribute a large quota, while Westchester County and New

Jersey are not unrepresented.

The group studied includes the child with functional neurosis, the delinquent, the epileptic and the post encephalitic. Our success is, of course, with the first two divisions of the group. We might state that the clinic has had a surprising success in cases of hysterical manifestations, in spasms and tics, in somnambulism and enuresis.

At the request of two of the doctors, notably Doctor Sanger Brown, 2d, we got together a small circulating library in Child Training, for the use of a limited number of our parents, who might be reached in this way. We are indebted to Mrs. William Shippen Davis for the books. Some of the mothers are enthusiastic about them.

The most important development of the year was the organizing in March of a Social Service Committee, with Mrs. William Shippen Davis as Chairman. While the Committee functioned only for a few months (being interrupted by the summer), they made a valuable contribution to the efficiency of the department.

During the year a paper by Miss Ormsby, "A Problem Clinic

in Relation to the Schools," was published in the "Family."

Two addresses on the work of the department were given by our

staff to social agencies.

Two members of our staff attended the National Conference of Social Workers, which was held in Washington, D. C., in May. One of the workers was sent by the Hospital.

We are indebted to Dr. George J. Vieth, of Letchworth Village, for his excellent work with the Children's Clinic. He has been as-

sisting Dr. Brown with this clinic since the spring.

Our thanks are due to Miss Mina Sessions, Social Worker with the National Committee for Mental Hygiene, who gave us valuable help as a volunteer worker during March and April, and also to Mrs. Raymond Newcomb, of Jamaica, L. I., Social Worker, who did some special follow-up work for us in Brooklyn.

## CHANGE OF PERSONNEL

In October, Miss Helen M. Crothers joined our staff, to replace Miss Kathleen Ormsby, who left us for a prolonged vacation.

The Mental Health Clinic for Children has shown so definitely the need for this work and the need for another clinic day, that it has now been decided to open a Saturday morning clinic. The first one will be held on December 8th, under the care of Dr. Storrs, of Letchworth Village.

As a Saturday morning clinic is bound to be a popular one, the need for an extra worker will almost at once be manifest. In planning for the future of the Social Service Department may we not suggest that we keep in mind also the need of further expanding what we call our General Social Service, in order to keep pace with the continuous expansion of the Hospital.

We wish to express our appreciation of the interest and help given us unfailingly by the Medical Staff and the Hospital in general. This splendid cooperation has meant a great deal to us in the way

of inspiration and help.

To the many agencies who have worked shoulder to shoulder with us in the past year, we also extend our sincere thanks.

Respectfully submitted,

MARY A. TOBIN,

Director Social Service Dept.

## DONATIONS TO THE SOCIAL SERVICE, DURING 1923

- 100 boxes of Christmas candy from the Hospital Social Service through Mrs. Borum.
- 12 Theatre tickets from Hospital Social Service.
  - 5 Astor Christmas dinners, through Miss Wadley, of Bellevue Social Service. Books on Child Training from Mrs. William Shippen Davis.

\$9.00 from Miss Ruth Morgan for recreation for two patients.

\$18.00 from Miss Rivington (from Emergency Fund) for four weeks' country convalescence for patient.

Donations of clothes from the following:

Mrs. Abrams

Mrs. F. Alexander

Mrs. George M. Bodman

Mrs. William Shippen Davis

Miss Charlotte Graves

Mrs. Robert Hutchinson

Mrs. H. Scott

Mrs. E. J. H. Talmadge, Jr.

Mrs. Ronald Curtis

ROOF GARDEN



## REPORT OF THE OCCUPATION DEPARTMENT

To the Trustees of the Neurological Institute:

Occupation therapy does not always need a particular handicraft to be effective. Sometimes playing the piano, running the phonograph, caring for the plants, putting books and magazines in good order, or reading aloud will be occupation that will have healthful value and yet add nothing to the list of objects made.

The part of the hospital roof that is used for the enjoyment of our patients has been made much more comfortable and attractive during the year by new awnings, couch hammocks, new chairs and blankets, the latter a gift of a patient, and the old close fence was taken away and a new one put up of open iron work.

The occupation room is bright and cheerful, and is used as a sitting room and work-shop, the piano making the dividing line, but no one stays inside if the weather is pleasant.

Basketry is the most popular craft, and there is always a basket or two being made. Both men and women like to make them. A flower basket is the most popular. The original model was made by a former patient who learned basket-making while in the hospital, and after leaving went on making new patterns at home. She came on a visit one day and brought the little basket as a gift; since then it has been copied many times, and one man made six for his friends.

Weaving appeals more to women and girls. Two of the looms are light enough to be moved out in the open air, and whenever possible this is done. Rag rugs, wool scarfs, table runners, pillow tops and bags are made.

A practical occupation for men and boys is printing. We do a little typesetting, too. Census and diet sheets, treatment cards and passes were printed by the thousand; more of this work was done this year than ever before.

About fifteen chairs were cane-seated and repaired, besides carpentry and decorative painting.

Rake knitted baby caps and crocheted rag rugs, as well as hooked rugs, are popular. Nearly all the work made by the patients is proudly taken home, although some patients, more deft and generous, have made two and left one to be sold for the benefit of the occupation department.

Flowers, books, phonograph records and bundles of material for the rag rugs have been given by the patients to the department.

A radio, the gift of Mr. Harrison Williams, has given endless pleasure, and has been a source of enjoyment and diversion to everyone.

About once a month we have had an afternoon concert given us. The programs rendered have been excellent, and all patients who are well enough, come, or they are brought up to the roof to enjoy them.

Two volunteer workers during part of the year have helped to prepare work, kept things in order, and done many kindly little things toward making the roof atmosphere a pleasant one.

Respectfully submitted,

ANNIE F. GORMLY,

Teacher of Occupation Therapy.

## REPORT OF THE OUTPATIENT DEPARTMENT

To the Trustees of the Neurological Institute:

Recently the lay press has given considerable attention to the activities of a hospital in Paris established in 1922 as a "Preventorium" for mental diseases. It has been heralded as the first step of a new era in the treatment of mental disorders. Stress is laid upon the fact that the patients are free to enter and leave, instead of being detained, as in State Hospitals and Sanitaria.

One periodical states that "it is upon this absolutely new basis that the . . . . service . . . . has been organized." "A clinical laboratory, where blood tests and rapid clinical or serological determinations can be made, and where patients can be treated by injections and the application of physical agents. This is the first service of psychiatry where a systematic use is made of all the processes of gencral medicine."

Here is a brief outline of service to the community which describes very accurately one feature of the work which the Outpatient Department of the Neurological Institute, assisted by the hospital service when necessary, has been carrying on for fourteen years.

The Outpatient Department has been endeavoring since its opening in 1909 to meet the need of a Mental Prophylaxis Station. Crippled and hampered by lack of space it has been open to "Sufferers from excessive fatigue, the overwrought and those persons classed as hypochrondriacs, neurasthenics or suffering from various fears, anxieties, scruples, doubts and obsessions, subjecting them to attacks of confusion or excitement."

Commenting upon the new Paris Hospital, another periodical remarks that, "One of the saddest chapters in human history is the treatment that has been accorded until very recent years to the insane and mentally unbalanced, who are frequently thrust across the line between sanity and insanity by harshness, misunderstanding, or Large numbers of such cases can be saved if ignorant treatment. brought under proper medical care at the right time, and, in fact, we are devoting more and more thought to the prevention of lunacy by proper treatment of those suffering from mental or emotional disturbances. Unfortunately, in many cases this treatment is not supplied until the patient has suffered the very serious shock of appearing before a committee in lunacy and been actually confined.

More and more the feeling is growing among the enlightened that the laws of mental hygiene should be studied and applied in the

same way as the laws of physical hygiene."

Such is the service which the Outpatient Department of the Neurological Institute has been occupied with for fourteen years. Its efforts are meagre in a metropolitan community as large as New York.

The crying need for carrying out its service in a larger and fuller measure is more working space.

Despite the cramped quarters of this department its activities have

steadily expanded, so that it has arrived at the bursting point.

During the past year the Outpatient Department has received over 7,900 new patients. There have been approximately 10,000 consultations with former patients, 1,184 X-rays, 2,964 Laboratory examinations and 43,000 treatments have been given in very cramped quarters.

The underlying principles of operation of the Outpatient Depart-

ment of the Neurological Institute are two:-

- 1—To lend all possible medical aid to the nervously and mentally sick.
- 2—Without causing a complete disruption of their ordinary and accustomed life by hospitalization.

Respectfully submitted,

C. B. CRAIG, M.D., Chairman Outpatient Committee.

## SUMMARY

## Patients Admitted to the Hospital

Private	1923	1922	1921
Male	153	216	132
Female	113	143	128
Semi-Private— Male	184	194	206
Female	174	118	138
Ward—			100
Male	548	463	786
Female	<b>34</b> 8	415	404
Free— Male	39	41	22
Female	36	51	23
Total	1,595	1,641	1,789
Number of Patient	Days		
Private	5,780	5,340	5,493
Ward and semi-private	19,581	$16,621 \\ 3,839$	16,912
rree	1,357		3,051
Total	26,718	25,800	25,456
Treatments given	31,378	29,956	
Dispensary Patier	nts		
Number of new patients	4,390	5,685	5,574
Revisits	7,678	7,361	7,769
Treatments given		29,976	
Morning Private Patien	nt Clinic	;	
New patients	3,275	3,634	2,463
Revisits	1,473	1,183	900
Treatments given		14,294	
Endocrin Weekly C			
New patients	169	163	130
Revisits	557	524	400
Problem Weekly C			
New patients	143	103	
Revisits	382	204	
Private Evening Cl			
Opened January 1st,			
New patients	555		
Revisits	262		
Evening Treatment			
Opened September 1s			
•	1923	1922	1921
Treatments given	1,615		
Average days stay per patient	171/2	$15\frac{1}{2}$	14
Daily average cost per private patient		\$11.16	\$11.51
Daily average cost per ward patient	5.851/2	4.65	4.62
Average cost per dispensary visit	.71	$.69\frac{1}{3}$	.71

# COMPARATIVE CASH STATEMENT FOR THREE YEARS, EACH ENDING NOVEMBER 30th

		Receipts			Expenditures		
	To Gross Earnings from:  Private Patients\$ Semi-Private and Ward Patients Dispensary and Treatments Miscellaneous Receipts	1921 •\$ 54,161.06 •\$ 66,420.50 • 32,505.85 • 24,374.78 • 36,514.10	\$ 49,908.81 69,584.08 39,811.80 24,997.13 45,081.21	\$ 55,696.25 70,450.09 42,366.89 30,117.25 50,528.18	and Wages\$12 is and Supplies and Surgical Supplies upplies	\$136,875.73 \$43,5875.73 \$3,580.00 6,979.28	\$156,102,44 43,945,51 7,448.00 7,468.65 2,624.21
48		\$213,976.29 3,064.91 \$210,911.38 3,647.17	\$229,383.03 5,890.10 \$223,492.93 1,640.38	\$249,158.66 977.65 \$248,181.01 89.92	Laundry Perinting, Stationery and Postage 1,672.19 Telephone and Telegraph 1,919.15 Repairs and Supplies 5,650.92 Fuel and Light 5,752.99 Hospital Sundries 5,249.88	2,367.57 1,929.65 5,831.07 10,198.38 5,210.33	3,853.27 2,154.23 1,709.14 6,313.06 10,602.44 5,186.87
		\$247,543.61	\$248,184.83 11,194.65	\$297.786.41	\$216,680.26 Less accounts unpaid of above. 2,877.59	\$234,025.69 10,568.05	\$253,407.82 1,599.03
	Dalance at Deginning of year				Roof Garden Expenses, 2011.14 Apparatus and Instruments, 201.58 Furniture, Fixtures & Equipment 3,889.15 Social Service 4,686.30 Prepaid Expenses 1,020.68 General Miscellaneous 8,544.22	\$225,451.04 2,265.00 2,265.30 4,490.31 6,386.51 692.00 9,413.50	\$\frac{4}{2},500.19 2,651.99 512.71 3,670.64 7,055.03. 177.40 18,713.81
					\$234,255.74 Balance in U. S. Mtg. & Trust Co. 11,194.65 Cash in hands of Supt 7,657.62 Balance in hands of Treas 7,657.62	\$246,991.38 11,054.25 800.00 533.85	\$284,590.37 16,065.31 800.00 8,718.83
		\$253,908.01	\$259,379.48	\$310,174.51	\$253,908.01	\$259,379.48	\$310,174.51

# OPERATING EXPENSES AND EARNINGS FOR THREE YEARS, EACH ENDING NOVEMBER 30th

	EARNI	SUNI		OPERA	ATING EXI	PENSES		DEFICIT	
				.00:		4000	1001	1000	1093
1691		Ġ.	1923	1921	1922	1923	1221	1364	1350
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		7771	99.085.65	19.747.96	19.789.68	21,879.95	*914.76	*158.03	07.602.
		100	90 460 OF	10 210 20	10 470 40	90 047 73	27.33	737.80	486.88
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		39.35	19.933.73	18,266.62	19,541.29	23,000.20	4.000.00	1,0001	11.000,0
		17 71	19 947 98	17,099,33	18.683.48	22.249.40	3,854.84	3,081.77	4,00Z.IZ
		11.11	00.010.01	010000	10 740 05	01 449 24	9 038 99	9 004 46	2.589.01
		3.79	18,859.33	17,854.50	19,146.25	40.044,12	44.000,4	2000	700 000
		113	21.740.23	19.924.94	21,167.40	23,465.10	1,320.12	400.27	1,124.01
		00111	03 070 60	10 986 00	10 695 06	66 948 66	*990.60	*492.26	903.53
November 19,577	.58 20,177.32	7.97	21,972.09	13,990.30	19,000,00	11.0.061			
	1							0,000	00 100 7110
Toto1	99 \$229.383.0	33.03	\$249,158.66	\$229,526.11	\$238,077.42	\$266,450.48	\$15,549.82	\$8,763.13	\$17,291.82
AT	+								-84-
* Indicates surplus.									

## **OUT-PATIENT DEPARTMENT**

This Department aims to meet the need, not only of the poor, but the self-supporting patient who can afford to pay, but whose financial circumstances will not permit consultation at a physician's office.

## MORNING PAY CLINIC

10 A. M. daily, except Sunday or holidays.

## EVENING PAY CLINIC

7 P. M. Monday and Friday.

Fee-\$5.00 for examination and revisits to see the physician.

A moderate charge is made for X-rays and laboratory examinations.

Patients referred from clinics or by physicians connected with the Institute may obtain treatment at the following rates in mornings:

Massage .......\$1.50 per treatment
Other Treatments ......... 1.00 per treatment

## DISPENSARY CLINIC

1 P. M. daily except Sunday or holiday by appointment only.

Fee for examination-\$1.00, less or free.

Revisits to see physician, 50 cents.

X-rays \$3.00, less or free.

Laboratory examinations—a small fee or free.

Treatments, baths, massage, electricity, baking, etc., 35 cents each, or free.

## EVENING TREATMENT CLINIC

For patients examined in other clinics who cannot come in the afternoon. Men-Monday and Thursday, 7 P. M.

Women-Tuesday and Friday, 7 P. M.

Treatments-35 cents each, or free.

## ENDOCRIN CLINIC

Thursday 10 A. M. For referred cases only.

## CHILDREN'S MENTAL HEALTH CLINIC

Wednesday and Saturday 10 A. M. For referred cases only.

Grateful acknowledgment is made to those named below who contributed, directly or indirectly, to the Neurological Institute during the year 1923:

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<sup>\*</sup> Deceased.

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## "SPRING FESTA"

Benefit Social Service Department, Monday, April 16th, 1923. Held at Schrafft's, 13 East Forty-second Street, through the courtesy of Mr. Frank G. Shattuck, President of The Schrafft Stores.

Net Proceeds......\$1,763.90

Those who made special contributions to the "Spring Festa" are listed among the contributors.

## SALES OF BOXES

Premiere Eleanora Duse, Metropolitan Opera House, October 29th, 1923.

Net Proceeds..... \$5,325.00

The Box Holders and those who made special contributions are listed among the contributors.

## SPECIAL FUNDS

## SPECIAL DONATIONS

Ar. Sherman Day Books and magazines	
Iiss Marion Eldridge 30 Books for Patients' Library	
Iiss Maunsell Field 2 Barrels of Apples	
Or. Ward Holden Magazines	
Ir. Louis Kadans 2 Cartons Cream Cheese	
Irs. E. H. Lagarde	
Ir. Harrison Williams A Radio completely equipped	
and installed	

## CHRISTMAS DONATIONS

Mrs. R. Ballerstein (through Dr. Elsberg).	\$25.00
Miss Barker	2 Large Boxes Cut Flowers
Miss Dallon	Christmas Tree Decoration
Dr. Charles A. Elsberg	\$50.00
Mr. Samuel Hunter	8 Christmas Trees, large box holly
Mr. and Mrs. W. G. Ladd	20 small Flowering Plants
Mrs. E. H. LaGarde	1 Barrel of Apples
Dr. Charles A. McKenderee	\$10.00
Mr. R. P. Perkins *	\$50.00
Southern Beef Company	One Turkey
Dr. Walter Timme	\$25.00
Captain Wall	A Large Plant

## EASTER DONATIONS

Miss Julia Alexander	Plant for Children's Ward
Miss Mabel Choate	Plants for Hospital
Mr. and Mrs. W. G. Ladd	Plants for Hospital

<sup>\*</sup> Deceased.

## RULES AS TO THE ADMISSION OF PATIENTS

1. Patients must be examined by one of our physicians, either in his office or at one of our clinics, before admission, to ascertain if they are suitable cases for this hospital. Applications for admission of patients living out of the city must be accompanied by a detailed history from a reputable physician.

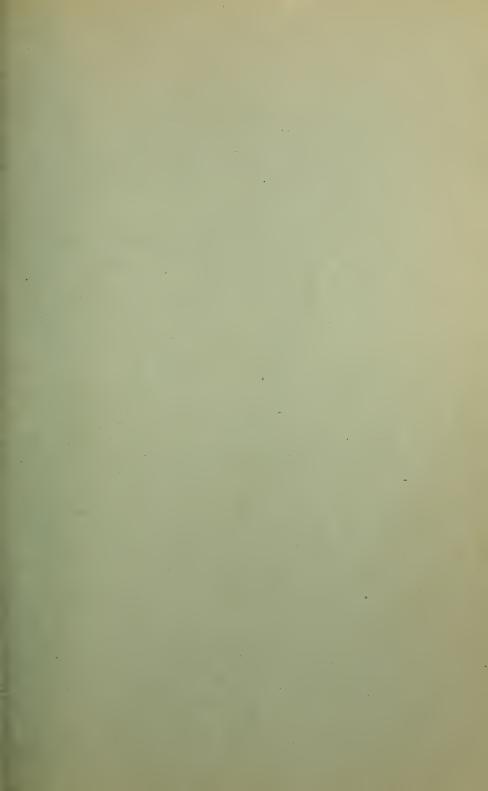
If able, ward patients must apply in person at one of the clinics for examination. If helpless or very ill, one of the examining physicians appointed by the Medical Board will be sent to examine patients at their home, for which a fee will be charged.

- 2. Patients will be admitted between 9 A. M. and 5 P. M. unless previous arrangements have been made.
- 3. All ward patients are required to pay \$21.00 per week for board and treatment or such smaller sums as may be determined by the circumstances of the case, of which the Trustees shall be the sole judges. No one shall ever be refused admission on account of inability to pay unless the resources of the hospital are exhausted.
- 4. No patient suffering from any readily communicable disease shall be admitted, nor any whose case does not require the special benefits of the hospital nor shall any patient be admitted whose case is judged to be incurable, except for further diagnosis, unless there be urgent symptoms, which in the opinion of the attending physicians or surgeon, are capable of being relieved.
  - 5. Private rooms—from \$60.00 to \$100.000 per week. Semi-private rooms—(two in room)—\$5.50 per day.

Treatments such as baths, massage, electricity, baking exercise or occupation, are included in weekly charge. Extra charges are made for medical attendance, X-rays, laboratory examinations, special medicines, operating room and anesthesia.

## RULES FOR VISITORS

- 1. Visiting hours for private patients, from 10 A. M. to 8 P. M. daily.
- 2. For semi-private patients, from 2 to 4 P. M. and 7 to 8 P. M. daily.
- 3. Visitors will be admitted to the wards on Tuesdays and Fridays, from 6 to 7 P. M., and on Sundays from 2 to 4 P. M., and at no other time, except by special permission from the Superintendent.
- 4. Only two visitors will be permitted to be at the bedside at one time.
- 5. Patients reported as seriously ill by the Physician or Surgeon will be permitted to see members of the family at any time.
- 6. Only fruit, jelly and ice-cream can be brought for patients. Such packages must be left with the nurse and, if approved by the Physician, will be given to the patients.
- 7. Visitors must observe perfect order and propriety while in the Hospital, must confine their visits to their immediate friends, must not stop or loiter in the halls, offices, or on stairways, and must leave the building promptly at the end of the visiting hours. Any violation of these rules may subject the offender to exclusion from the premises.
- 8. All letters of inquiry regarding patients should be addressed to the Superintendent.



## FORM OF BEQUEST

## FORM OF DEVISE OF REAL ESTATE

I give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.) FROM ROOM.
HARRISON WILLIAMS.

FOURTEENTH REPORT

OF

## THE NEUROLOGICAL INSTITUTE

OF NEW YORK

FOR THE YEAR ENDED DECEMBER 31, 1924

149-151 EAST 67th STREET NEW YORK CITY



## FOURTEENTH REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF NEW YORK

FOR THE YEAR ENDED DECEMBER 31, 1924

149-151 EAST 67th STREET NEW YORK CITY



# THE NEUROLOGICAL INSTITUTE OF NEW YORK

For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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RUTH V. TWOMBLY

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<sup>+</sup> Indefinite leave of absence.

<sup>\*</sup> Deceased.

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### MEMORIAL ADOPTED BY THE MEDICAL BOARD

The Medical Board desires to express its profound grief and great sense of loss at the death on April 19, 1924, of Robert P. Perkins, the President of the Board of Trustees, exactly one year after his devoted friend and fellow member of the Board, Richard H. Williams, had passed on.

Although he lived a life crowded with many activities and responsibilities, his interest in the affairs of the Institute, his devotion to its cause and unswerving loyalty to its friends served as a constant stimulus to all who worked with him to accomplish the purpose for which the Institute was founded.

Whatever the position the Neurological Institute may stand for today is due to his untiring efforts, his keen interest, his qualities of leadership, and his unfailing patience with the many irritating problems thrust upon him in his capacity of leadership.

Mr. Perkins' ideal, constantly expressed, was to see the Institute occupy a foremost position in the neurological world. His greatest desire was to have the Institute a leader in benefit to the community not only in alleviating suffering but in the prevention of nervous diseases, and in the dissemination of knowledge of these diseases among the medical men of the country.

Not only did he constantly participate in the executive part of the Institute by his ever-ready willingness to give advice and by the display of an active interest in the progress of our medical work, but when the call came at the time of our country's need, he was among the first to respond and assumed responsibilities abroad, from the effects of which he never fully recovered.

He has left us behind to carry on the burdens he was compelled to relinquish. We shall miss the force of his judgment, the call of his leadership and above all the stimulus of his personality. But he has bequeathed us the urge to bring to full fruition those things that he set out to accomplish.

CHARLES A. ELSBERG, M.D. FOSTER KENNEDY, M.D. FREDERICK TILNEY, M.D. WALTER TIMME, M.D. EDWIN G. ZABRISKIE, M.D.

The Following Reports and Statistics are for the Year Ended December 31, 1924

### REPORT OF EXECUTIVE COMMITTEE

To the Trustees of the Neurological Institute:

The Institute continues to perform a great and ever increasing public service which reaches out far beyond the limits of this City. Each year it would seem that its work had reached the utmost limit of the capacity of its plant and equipment, but each year new ways are found of economizing space and greater efficiency is developed which enables it to meet the greater demands made upon it—a result, however, which is possible of accomplishment only through the fine spirit of service and cooperation which animates its entire personnel.

The great growth of the work of the Institute is both a cause and a result of the growing realization by the public of the tremendous importance of the detection and treatment of nervous and mental ailments in their early stages, and the Institute may well be proud of the great part it has had in awakening and educating the public mind to a proper appreciation of the fact that the diagnosis, care and treatment of nervous and mental diseases is the big public health problem of our day.

The final decision of the Trustees, reached after long deliberation and many conferences with the Medical Board, to affiliate with the Columbia-Presbyterian Medical Center marks we believe, the beginning of a new era in the life of the Institute in which it will realize in full measure the aim and hope of its founders to make it the great center in this Country, both for the diagnosis, care and treatment of nervous diseases and for neurological research and education. are confident that an awakened public interest and understanding will not fail to supply the funds for the erection of a new hospital building which will be necessary to carry on its greater work in the future, and which will be placed in close proximity to the proposed New York State Pathological Institute, thus making available to its staff the most modern and complete laboratories and facilities for investigation and research. It is hoped also that our present building may be retained for the purposes of diagnosis and observation and an Out-Patient Department for which largely increased facilities will be made possible by the removal of the wards to the new building. full program of expanded activities includes also the ultimate establishment of a sanitarium in the country for those needing after care and treatment.

In closing we desire to place on record our appreciation of the interest and of the varied and helpful activities of the Cooperative Committee, and also once more to state the simple fact that the great

work the Institute is now doing in its cramped quarters and with inadequate facilities, is made possible only through the loyal and efficient service of the entire Medical Staff and of Miss Rivington, the Superintendent, Miss Dwyer, the Supervisor of Nurses and the entire administrative force.

ROBERT THORNE,

for the Executive Committee.

### REPORT OF THE MEDICAL BOARD

To the Trustees of the Neurological Institute:

The year just completed has witnessed the same progress and advance in the activities of the Institute that marked the preceding vears of its existence.

The coordination of departmental activities has continued in the efficient manner of former years and the secretary can assure you that the departments not only render service of the highest type but are constantly making advances in the field of improved technique and research. The fact that this is accomplished in crowded inadequate quarters, that the facilities for work are limited, and that they are working to full capacity, renders the above statement of greater significance.

The special clinics have continued to demonstrate their value to the community in the most practical manner of all, namely, by the constantly increasing number of applicants for relief. This fact alone has made it necessary to exercise careful selection of patients, more particularly in the endocrine clinic in order that the number may not exceed the facilities afforded by the limited quarters and thereby lower the standard of efficiency or the quality of work done by the assistants.

In like manner the child-problem clinic has demonstrated its value by its steady growth. Two clinic days and three physicians are necessary to handle the delicate and often intricate problems that are constantly appearing in this group of patients and it will soon become necessary to enlarge the facilities of this clinic in a way that at present seems impossible.

The number of visitors to both these clinics has demonstrated their education value. The endocrine clinic has instructed postgraduate students from Columbia and physicians from distant states also. The problem clinic has demonstrated its work through several groups of social service workers and one clinic was held for the

benefit of the New York State Hospital.

The attendance to the morning pay clinics has maintained the level of former years in taking care of that class of patients who are willing and able to pay more for what they receive than the ordinary indigent person. The night pay clinic, however, has been disappointing in the matter of attendance, and inquiry is now under way to determine why this clinic is not more popular.

The position of Post-graduate Clerkship still fails to attract students or those desirous of post-graduate instruction. The reasons for this are still obscure. At the time that this position was created it was thought that it would attract those desirous of post-graduate instruction who were either unable or unwilling to spend the time

required by the more formal post-graduate courses at any of the large centers of teaching. But, in spite of the fact that the Secretary of the Board is constantly receiving requests for information concerning the Post-graduate Clerkship, very few have thus far availed themselves of this privilege.

The same cordial relations exist between the Institute, Columbia and Cornell, and post-graduate students of both Cornell and Columbia continue to profit by the opportunities for study at the Institute and we have again granted the privilege of substitute to under-gradu-

ate students of Columbia.

The Medical Board desires to express formally its sense of loss at the death of the president of the Institute, Mr. Robert Perkins and although former recognition of his services have been expressed elsewhere, it once more desires to express its loss of Mr. Perkins' services

at so critical a period in the existence of the Institute.

We are now approaching a period when definite action must be taken as regards the future of the Institute and although the Medical Board is keenly alive to the hearty cooperation, the great liberality and the constant endeavor of the Board of Trustees to bring the Institute in closer contact with the public and to further the aims and ideals of its founders, a keen sense of appreciation that the Institute can no longer continue its existence as it is, but must either take some decisive step forward in the interest of progress and of benefit to humanity in our special field, or else it must go backward.

The Medical Board also desires to accord its appreciation of the loyalty and unselfish devotion and cooperation of Miss Rivington, the Superintendent and Miss Dwyer, the Superintendent of Nurses as well as the entire personnel of the hospital during the past year.

Respectfully submitted,

EDWIN ZABRISKIE, M.D.,

Secretary Medical Board.

### REPORT OF THE CO-OPERATIVE COMMITTEE

To December 31, 1924

To the Trustees of the Neurological Institute:

The Co-operative Committee was organized in February, 1924, in order to assist in promoting the interests of the Hospital, and to help in its maintenance and equipment.

The Committee has at present a total membership of 48 persons;

17 active, and 31 subscribing members.

It has four active and efficient sub-committees:

- Committee on Convalescence and Prevention, Mrs. John Sherman Hoyt, Chairman.
- Committee on General Welfare, Mrs. Frederick Tilney, Chairman.
- 3. Committee on Nurses,
  Mrs. Walter Timme, Chairman.
- 4. Committee on Occupation Therapy,
  Mrs. Edwin G. Zabriskie, Chairman.

Because of the need for information felt by social workers and by those interested in and affiliated with hospital work, a course of lectures on Mental Hygiene has been arranged by the Committee on Convalescence and Prevention, and will be held at the Academy of Medicine, beginning January 9th, 1925. These lectures will be delivered by eminent physicians over a period of fourteen weeks. Four hundred and seventy-five tickets have been sold for the course, and lack of space has made it necessary to refuse more than a hundred applicants. Sixty-eight social organizations will be represented in the audience. In further pursuance of our educational program, three drawing room meetings were held at the houses of Mrs. Marshall Field, Miss Mabel Choate, and Mrs. G. Beekman Hoppin. These meetings were addressed by members of the Medical Board.

. In order to acquire an intelligent understanding of its subject, the Committee on Occupation Therapy began its work by making a study of the occupation therapy departments of seven of the most important hospitals in the metropolitan district, and is now in a position to give valuable assistance in the development of that department in the Hospital's activities. Several exhibitions of work done by the patients have been held, and many articles sold.

A number of volunteer workers have given invaluable service in the clinics; libraries have been established for the use of the patients and the nurses; a Christmas entertainment and twenty-six concerts have been given; the Hospital has been continuously supplied with plants and flowers; and many other small, but we hope useful, pieces of work have been accomplished.

The Committee has financed a course in neuro-anatomy at Columbia University for two post-graduate nurses, and has paid the salary of a new social service worker.

The Co-operative Committee is still in its infancy. Much time has been expended in building up its personnel, and in making a survey of the work to be accomplished, and we have not as yet "won our spurs." But we are very glad to have an opportunity to help in the work of this great Institute, and are determined to render such service to it as will justify our existence.

Respectfully submitted,

MARY LINCOLN ALDRICH,

Chairman.

### REPORT OF CLASSIFICATION CLINIC

To the Trustees of the Neurological Institute:

The report of the Classification Clinic for the year ending September 30th, 1924, is hereby submitted:

#### Personnel.

The personnel of the clinic remains the same this year as last. Dr. Norrie does the general medical examinations. Dr. Holden the eye examinations. Dr. Perkins examines the ears, nose and throat. Dr. Pardee does the endocrine examinations. Dr. Force does the dental examinations, although since these children are generally undergoing dental treatment, this is generally omitted. Dr. Hillman supervises the laboratory work consisting of urine analysis and blood examinations, and Dr. Schwartz supervises the X-Ray work. The general psychiatric survey of the case, which consists of an individual study of the child as well as recording past history, family history, and school progress is done at the clinic by Dr. Brown, including the neurological examination. The psychometric tests as well as school test are done at the clinic by Dr. Grace A. Taylor. The examiners' report is reviewed when completed by Dr. Peterson.

After the examinations are completed, a summary is made; one copy goes to the referring physician or the school, one to the parents, and one copy is filed with the detailed history of the case at the clinic.

During the current year twenty-six cases were examined at the clinic as contrasted with twenty-three the preceding year. These cases were referred from a number of sources such as schools, teachers, physicians and directly by parents. The majority of cases were referred for both physical and psychological examinations although a number were referred for psychological examinations only.

### Method of Examination.

A report is first obtained as to the reason for the examination of the child, as reported by parents and teachers. In some instances a thorough survey is desired of a healthy, normal child, in order to determine his development. In other cases there has been poor progress in school. In still others faulty physical development and nervous symptoms, and in still others difficulties in personality and in social relationships with others.

After the complaint is learned from both teachers and parents, a detailed history is obtained as to the physical development of the child, early diseases, early development in the mental sphere, a review of personality, a record of any nervous symptoms which may exist, a report of social relationships with others, of school progress from the

beginning until the present; a review is made too, of general interests, as reading and sports, and of special abilities and artistic interests.

In the direct examination, knowledge is gained of the child's personality, emotional control, companionships, nervous symptoms, social relationships with others and physical complaints. In such an examination particular topics may be discussed, such as worries over intimate personal affairs, misunderstandings in the sphere of sex, difficulties with teachers or members of the family.

In addition to the social history, a detailed family history is taken as to disease, personality and any mental disturbances or diseases which may exist. Over-emphasis is not placed upon heredity in these examinations, the importance being placed upon detailed examination of environment, and toward the recognition and correction of certain traits in the child which may be modified, but hereditary traits in certain instances are of importance, and receive careful consideration in judging the future of the child.

### Physical Examination.

The physical examination consists first of tabulation of height and weight and comparison with the average; examination of body structure from the endocrine standpoint as stated above. Examination of muscular and skeletal development is made at this time. A detailed neurological examination follows, and then the other special examinations of heart, lungs, eyes, nose and throat, etc., mentioned above, are incorporated in a physical survey.

### Psychological Tests.

These tests consist of the various formal mental tests in which as a rule the Stanford Revision of the Binet-Simon Test is used except in the very young children and the older types. With the older cases certain of the Army Tests are used. Tests as to school ability, such as the Woody-McCall Mixed Fundamentals, and other special tests are used as required. In interpreting the results of these psychological tests, the entire history of the case, physical examinations, school progress and environmental factors are considered. In other words, the diagnosis of mental development is not based solely on the psychometric tests.

### Types of Cases.

The types of children seen are the same in general as mentioned in previous reports. These are as follows:

- 1-Normal children.
- 2—The Psychoneuroses. A considerable number of the cases seen at the clinic show nervous instability in one form or another, such as over-activity, states of anxiety, fears, compulsive ideas, nervous tics and tremors, and various other nervous symptoms familiarly found

associated with these conditions. These result from various causes, physical and psychological.

- 3—Dull intelligence. A third type are children of somewhat dull intelligence, perhaps a little below average, who are attempting to keep up in schools of particularly high standards.
- 4—Mental defect. This is found in varying degrees. It may arise from a physical basis with or without hereditary background. Many cases are found, of course, where no physical defects are in evidence.
- 5—Personality difficulties. A fifth type are children who have disorders of personality and temperament; possibly because their environment is not very satisfactory, such as injudicious management at home, unsatisfactory grading in school, too stimulating neighborhood conditions, and other psychological troubles.

6—Endocrine disorders. In respect to endocrine disorders it may be said that this plays a part, sometimes slight, sometimes important, in many of these cases. In some instances the indications for treatment are quite evident. In others, with pluri-glandular disturbances or disfunction, the case is less clear cut. In still others where environment plays an important part, it is not clear that endocrine imbalance, although present, plays a very important part in the entire situation.

The management of these cases must be individual in all instances. At times it consists of a change from a large school to a smaller one, with more individual attention. At times the home atmosphere is not suitable for the child, for one reason or another, and boarding school is advisable. Again, special tutoring may be required in certain subjects; and again, the child may need psychiatric study and continued psychiatric supervision from time to time during the school year. Other cases, from a physical standpoint, require rest, upbuilding for gain in weight, and change to an open-air school. Special therapy and endocrine treatment are recommended when necessary and referred to the physician in charge of the case.

Publicity.

The history of the clinic up to date has shown that this kind of examination of children is an entirely new idea to almost everyone. The consequence is that much public education is necessary before

this plan, irrespective of its merit, is understood.

It is very gratifying that parents and teachers in many instances have grasped the idea at once, and have become very enthusiastic over the clinic, teachers stating that in all cases where there is any uncertainty about the progress of the child, they desire an examination. Other who have given the subject of mental hygiene little thought, have required careful and detailed explanations.

Not many years ago a physician had to explain carefully to his

patient the need of a complete physical examination irrespective of the symptoms. In the same way it is necessary now to explain to most people the needs of a complete psychological examination in many cases.

It has been emphasized again and again that these examinations are highly desirable for healthy, normal children where no complaint exists, for much the same reason that a health survey is desirable for every child.

In respect to public education of the idea of the clinic, in addition to circulars, addresses to parents' and teachers' organizations, published articles, and so on, the Free Children's Clinic at the Neurological Institute is of great educational value in this way, the psychological department of the institute filling a particularly important place in this clinic. The two clinics are, of course, very closely allied and educational information through social agencies, welfare workers and public school teachers has been given as to the work of both. A radio talk, explaining the work of the Children's Clinic of the Neurological Institute was recently given by Mrs. John Blair, and this talk has been prepared for publication.

A financial statement of the Classification Clinic is submitted separately. The income shows a substantial gain over last year.

At this time I wish to speak of the hearty support which has been given this clinic from the members of the staff. The superintendent of the Neurological Institute has always stood ready to help the clinic in a number of ways. The medical board of the institute have always been willing to give services by special consultations when requested. The special examiners give their services for a very nominal fee and whether they have seen these children at their private offices or at the clinic, they have always given the most thorough and comprehensive examination.

Finally, the excellent support given this clinic both financially and personally by Miss Mabel Choate of the Board of the Neurological Institute, has not only given it the necessary financial support, but has given its officers confidence and assurance in this very interesting work.

FREDERICK PETERSON.

Director.

### ANNUAL FINANCIAL STATEMENT

### RECEIPTS.

Balance on deposit and Cash on hand, October 1, 1923	\$2,135.30 44.13 3,736.90 1,500.00		\$7,416.33
DISBURSEMENT	s.		
Rent	\$2,750.00		
Salaries	1,683.40		
Examiners' fees	580.00		
Telephone	85.36		
Printing and stationery	52.25		
Supplies	42.49		
Advertisement-Sargent's School Directory	25.00		
Stamps	31.48		
Petty cash	42.74	\$5,292.72	
Balance on deposit (U.S. Mortgage and Trust)	2,101.32		
Cash on hand	22.29	2,123.61	7,416.33

### Respectfully,

FREDERICK PETERSON,

Director.

## HOSPITAL STATISTICS

### CASES TREATED

	Total	76.7.	17. 1.
A—Organic Disease of the Nervous System.	Cases.	Male. I	Female.
Abscess			
Brain	4	4	0
Agenesis, Cerebral	3	2	1
Amyotrophias			
Mixed Forms			
Amyotrophic Lateral Sclerosis	7	4	3
Myatonia Atrophica	1	0	1
Basal Ganglion Lesion (unclassified)	1	1	0
Congenital Double Athetosis	1	1	0
Chorea	90	7.77	01
Infectious Huntington's	38 1	17 1	$\frac{21}{0}$
	1	1	U
Convulsive States General			
(a) Morbid brain conditions, inflammatory, trau-			
matic, degenerative	1	1	0
(b) Of unknown constitutional causes, including			
epilepsy	78	46	32
Deformities			
Deformity of head. Meningocele	4	2	2
Dystonias, e.g. Oppenheim-Thomsen	3	2	1
Encephalitis, Epidemic	51	33	18
Familial Ataxia	4	3	1
Hydrocephalus	2	1	1
Meningitis			
Pachymeningitis	ι	1	0
Tuberculous	1	0	1
Basilar	2	1	1
Migraine (Ophthalmic)	2	0	2
Multiple Sclerosis	27	14	13
Myasthenia Gravis	3	2	1
Mydstilenia Gravis		~	•
Myelomalacia (including myelitis)	_		
Acute	7	4.	3 3
Chronic	7	4 0	1
Hemotomyelia	1	0	1
Neuralgia, Trigeminal	21	6	15
Neuritis	5	2	3
Facial (Bell's palsy)	1	1	0
0.0			

	$Total \\ Cases.$	Male. I	remale.
Primary Optic	1	0	1
Metallic-Lead	1	1	0
Diabetic	1	1	0
Multiple	13	7	6
Radiculitis	1	1	0
Sciatica	38	17	21
Neuro-syphilis			
Tabes	26	18	8
Tabo-paresis	2	2	0
General paresis	20	14	6
Meningo-Vascular	47	34.	13
Paralysis Agitans	12	5	7
Polio-myelitis			
Subacute	5	5	0
Sclerosis-Subacute combined	23	7	16
Syringo-myelia	2	1	1
Syringo-bulbia	1	1	0
Tumor			
Brain	101	67	34
Cord	40	29	11
Peripheral Nerve	1	1	0
Vascular Disease			
Focal ,			
Vascular Degeneration-Cerebral	11	8	3
Vascular Degeneration-Spinal	1	1	0
Embolism	1	1	0
Hemorrhage, cerebral	12	6	6
Arteriosclerosis-Cerebral	33	15	18
Arteriosclerosis-Spinal	1	1	0
Thrombosis	11	9	2
B—Injuries to the Nervous System			
Brain	2	2	0
Spinal Cord	3	1	2
Peripheral Nerve	7	6	1
Brachial Plexus	2	2	0
Fractured Skull	3	3	0
Fractured Vertebrae	2	2	0

C-Endocrino pathies			
Thyroid Syndromes			
Hyperthyroidism Hypothyroidism	10 2	$\frac{2}{0}$	8 2
Simple Goitre	2	2	0
Pituitary Syndromes			
Hypopituitarism	3	1	2
Hyperpituitarism	$rac{1}{2}$	$0 \\ 2$	1
Paget's Disease	2	2	U
Thymus Syndromes			
Status Thymico-lymphaticus	1	1	0
Adrenal Syndromes	4	2	2
Pluriglandular Syndromes	2	0	2
Unclassified	5	2	3
D—Psychoneuroses			
Anxiety Neurosis	53 9	$\frac{22}{7}$	31 2
Traumatic Neurosis	35	10	25
Neurasthenia	7	3	4
Psychasthenia	3	0	3
Unclassified	100	34	66
E—Constitutional Psychopathic States	14	12	2
Alcoholism	6	4	2
Drug Addiction	1	1	0
Paranoid Personality	1	1	0
F-Mental Deficiency	3	2	1
Imbecile	2	1	1
Idiocy	3	1	2
G—Psychoses			
Senile Psychoses	1	0	1
General Paresis (See Neuro Syphilis)			
Exhaustive (Toxic)	3	2	1
Manic Depressive Psychoses	32	8	24
Unclassified	54	0	24

	Total Cases.	Male	Female.
Dementia Precox			
(a) Paranoid type	2	1	1
(b) Unclassified		6	9
Involution Melancholia	3	2	1
Simple Depression	16	5	11
Paranoia	4	1	31
Unclassified	2	1	1
H-Non-neurological conditions	107	52	55
I—Undiagnosed Cases	30	20	10
Admitted for antisyphilitic treatment	14	11	3
*Tests	371	253	118

<sup>\*</sup>Patients admitted for laboratory status only, without diagnosis.

## HOSPITAL PATIENTS CLASSIFIED ACCORDING TO NATIONALITY

Albania	1	Ireland	47
Austria	55	Italy	110
Armenia	3	Mexico	2
Africa	1	Norway	4
Australia	2	Palestine	1
Bohemia	5	Poland	48
Canada	11	Porto Rico	3
Costa Rico	1	Roumania	14
Czecho-Slovakia	2	Russia	190
Denmark	3	Scotland	10
Dutch Guinea	1	Spain	5
England	23	Sweden	5
Finland	2	Switzerland	2
France	7	Syria	1
Germany	59	Turkey	2
Greece	6	United States	963
Holland	3	Wales	1
Hungary	23	West Indies	8

## OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

### From December 1, 1923 to November 30, 1924

	INO.	Deaths
Total number of operations	148	13
Total number of operations on the nervous system	138	
Total number of operations on the brain	88	
Total number of operations on the spinal cord	37	
Total number of operations on the peripheral nerves	13	
Miscellaneous operations	10	
Operations on the brain	88	10
Craniotomy, removal of temporal lobe tumor	1	
Craniotomy, removal of occipital lobe tumor	2	2
Craniotomy, removal of extradural cholesteatoma	1	
Craniotomy, removal, partial, of glioma	2	2
Craniotomy, exploratory, irremovable tumor	9	
Craniotomy, exploratory	10	
Craniotomy, decompressive	4	
Craniotomy, pituitary tumor	2	
Craniotomy, brain abscess	2	1
Craniotomy, puncture of subcortical cystic glioma	2	- 1
Craniotomy, transphenoid, sellar decompression	1	1
Craniotomy, extradural sarcoma	1	1
Craniotomy, division of sensory root for trigeminal neuralgia	15	1
Craniotomy, subsccipital, for tumor in cerebello-pontine angle	3	1
	7	1
Craniotomy, suboccipital, cerebellar, cystic glioma	•	_
Craniotomy, suboccipital, incomplete removal of tumor of vermis.	2	1
Craniotomy, suboccipital, exploratory	5	2
Craniotomy, suboccipital, irremovable tumor of pons	1	1
Craniotomy, injection of air for ventriculography	11	1
Craniotomy, aspiration of ventricles	6	
Operations on the Spinal Cord and Nerve Roots	37	2
Laminectomy, removal extradural psammoma  Laminectomy, removal of extradural chondroma	1	
Laminectomy, partial removal, extradural sarcoma	6	1
Laminectomy, removal of extramedullary tumor	9	-
Laminectomy, intramedullary tumor	5	
Laminectomy, exploratory	9	1
Laminectomy, adhesive arachnitis	2	
Laminectomy, neuritis of cauda equina	1	

	No.	Deaths
Laminectomy, extradural abscess	1	
Laminectomy, bullet wound of cord	1	
Excision of cervical meningocele	1	
Operations on the Peripheral Nerves	13	
Exploration of Brachial Plexus	3	
Neurorrhaphy, ulnar nerve	3	
Suture, median nerve	1	
Suture, median and ulnar nerves	1	
Anastomosis, facial and hypoglossal nerves	1	
Cervical sympathectomy	1	
Exploration, popliteal nerve	1	
Graft, popliteal nerve	1	
Section of mental nerve	1	
Miscellaneous Operations	10	
Excision of specimen	1	
Transfusion	3	
Tonsillectomy	1	
Division of tendons for Volmann's Contracture	1	
Excision of tumor of breast	1	
Resection of rib	1	
Hemorrhoidectomy	1	
Arthrotomy for dislocation of shoulder	1	

### REPORT OF THE LABORATORY

To the Trustees of the Neurological Institute:

The year 1924 has been a very busy one for the laboratory. The citation of statistics does not always enable one to visualize the scope of examinations made, or the type of service offered, unless the statistical review is classified according to the various tests included under the designation of Clinical Pathology, a term which has been expanded during the past few years to embrace a wide range of laboratory procedures. Statistics, however, serve a useful purpose in showing the volume of work done in comparison with previous periods. In a formal report of the laboratory's activities, it is not considered necessary to give a detailed analysis of the work, but rather a summary statement with comments on the principal phases.

During the year, 12,319 examinations and tests of all kinds were made, as against 11.379 in 1923. Included in this total are 282 basal metabolism determinations, an increase of 102 over 1923. Owing to the greater demand for this test, and also on account of the fact that patients are required to go without breakfast prior to the test, the purchase of another apparatus was deemed advisable in order to expedite the examinations and shorten the period of abstinence from food, which in some individuals is looked upon as a hardship. It is hoped that with the addition of a second metabolimeter this desirable result may be accomplished. The question of securing beds for metabolism patients has been met, so far as clinic patients are concerned, by utilizing one of the clinic rooms in the morning.

The laboratory has cooperated with the X-Ray Department in carrying out basal metabolic tests on hyperthyroid patients who have

been undergoing X-Ray treatments.

During the year a review and summary of the spinal fluid findings in approximately 750 cases was prepared for the meeting of the Association for Research in Nervous and Mental Diseases held in December.

The intravenous administration of glucose solutions for therapeutic purposes has increased considerably in the past few months, and the laboratory staff has prepared about 300 flasks during the year. In this connection it might be mentioned that the Corn Products Refining Company very kindly donated 12 pounds of specially purified dextrose which product we are now using entirely for intravenous dosage and find it to be uniformly excellent.

We feel that there is an opportunity and need for intensive laboratory investigation of patients afflicted with nervous and mental diseases. We have at the Institute a wealth of clinical material, but

owing to limitations of space, it is practically impossible to undertake modern laboratory research with any degree of satisfaction or hope of success. This obstacle will undoubtedly be overcome in the new hospital now being planned.

Respectfully submitted,

OLIVER S. HILLMAN, M.D.

Director of Laboratory.

### REPORT OF THE X-RAY DEPARTMENT

To the Trustees of the Neurological Institute:

During the past year there have been no changes in the personnel of the Department, nor have there been any changes in the equipment.

Contrary to expectations, the work done during the past year has shown a considerable increase over that of the year before, the total number of cases being 2,834, which represents a gain over the previous year of 428. This total number is divided in to 1,149 from the dispensary, 1,242 from the house, and 443 for therapy. It might be interesting to mention here that the highest monthly total was 275 for July.

We were faced not many months ago with a peremptory order from the Fire Department to get rid of all our films or house them in fire-proof vaults, the construction of which was out of the question due to the rather amazing requirements of the fire laws. We finally decided to destroy all the films, except a few of special interest to members of the staff. This has been done and the remaining films are kept in a large fire-proof safe on the roof.

Since the order went into effect, the manufacturers of films have developed a non-inflammable product which we have now been using for several months. These, of course, can be stored in our old racks so that our storage problem, at least so far as the fire hazard is concerned, is solved.

Respectfully submitted,

CHARLES WADSWORTH SCHWARTZ, M.D.

Roentgenologist.

### REPORT OF PSYCHOLOGICAL LABORATORY

To the Trustees of the Neurological Institute:

Annual reports and statistics seem to be synonymous. Although this laboratory is one in which the experimental material is the human mind, and so would seem to be most excellent material for human stories, of necessity the annual report must be in statistical form.

Owing to the change in the Institute's fiscal year, the present figures are based on the thirteen month period from December, 1923, through December, 1924. During this interval 1,620 tests were made on 1,485 patients. The following table will show the distribution of these patients both as to from whence they came and when they were referred for examination:

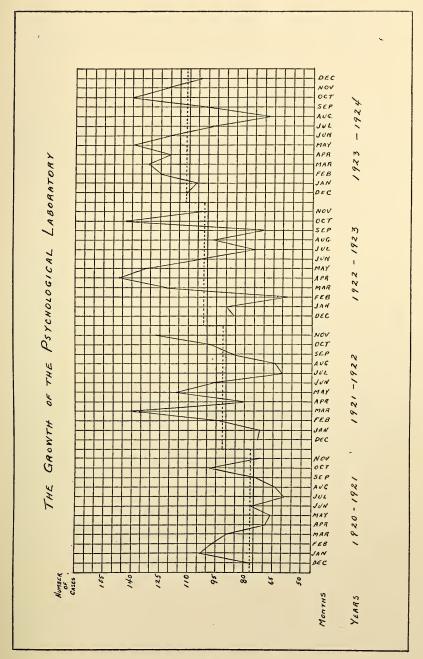
	Pre-yr	. 1	Iorning	House	Endoc-		Re-	
Months	Clinic	Clinic	Cases		rin	Misc.	exam.	Total
December	. 7	52	11	9	4	19	10	112
January	. 5	58	15	10	4,	9	5	106
February	. 1	62	15	18	5	20	4	125
March		80	17	11	3	8	10	131
April		71	20	10	5	10	4	120
May	. 2	80	12	16	2	19	8	139
June		58	14	14	1	21	12	120
July	. 1	53	12	17	3	5	7	98
August		45	4	10		7	2	68
September		52	13	13	4	11	8	101
October	. 1	80	18	12	4	16	9	140
November	. 1	72	17	8	4	11	8	121
December	. 2	60	9	15	3	8	7	104
Total	. 22	823	177	163	42	164	94	1,485

A recent request for a resume of the work of the laboratory covering the last four years has resulted in a graph which it seems well to publish, as the growth of the work may then be seen and understood by those who do not enjoy numbers. This graph may be found on the following page. On the left hand margin are the number of cases and along the bottom of the page are the months and the years. The dotted line shows the average number of patients tested per month in each year. It will be seen that the average number of patients tested monthly in 1923-24 is 69 per cent greater than the average tested in 1920-21.

We regret to say there has been one change in the personnel, Mrs. Etta C. Smith who has worked in the laboratory for 13 years and seen its changes from social service to social research and then to psychological laboratory has been forced to resign by unforeseen circumstances.

Respectfully submitted,

GLADYS G. TALLMAN, Director Laboratory.



### REPORT OF THE SOCIAL SERVICE COMMITTEE

To the Trustees of the Neurological Institute:

This last year has been quite an eventful one for your Social Service Department. The new quarters have made a lot of difference and the attendance at our weekly meetings has improved wonderfully. The Committee now consists of:

Miss Mary Lincoln Aldrich,
Mrs. J. Horton Ijams,
Mrs. John S. Browning,
Mrs. Edward P. Farley,
Mrs. Henry Ford,
Mrs. E. T. H. Talmage.

We are getting in touch with other Hospital Social Service Departments to compare them with our own and see if we are getting the maximum results. We realize that the neurological cases take more time and often more intensive work than the average Social Service case, and figures therefore are not an adequate criterion upon which to base our comparisons. Miss Tobin, Miss Rainey, Miss Crothers and Miss Voorhees have had some extremely difficult cases to handle and they deserve a great deal of credit for some of these adjustments.

As the work is expanding and the obligations to our patients are

increasing, the services of another worker would be desirable.

The Committee is extremely grateful to the Board for the \$500 they allotted and to the Co-operative Committee for the worker they support. The Havens Fund also has helped us to relieve real misery; had we more funds at our disposal we could do even more!

One of our problems is placing maladjusted children for long or short periods. There are institutions for the feeble-minded or definitely delinquent, but there seems to be no place for the children who are border line or behavior cases or those who cannot afford to pay.

Miss Rivington and Mrs. Blair have attended our meetings and have been most helpful. To them and to all the members of the Hospital staff we want to express our appreciation for their assistance

and friendly cooperation.

Respectfully submitted,

CAROLA WARBURG ROTHSCHILD,

Chairman.

#### REPORT OF SOCIAL SERVICE DEPARTMENT

To the Trustees of the Neurological Institute:

Owing to the change of the hospital's fiscal year to January, our present report covers a period of 13 months from December 1, 1923, to December 31, 1924.

Probably no department of a hospital reflects more adequately the growth and expansion of an institution than its Social Service, and in this respect our department might be called an accurate barometer, wherein "he who runs may read" the increased pressure on the hospital in the past year. 1924 has been for us a period of steady growth of intense interest and looking back it would seem also to have been a year of some important accomplishments. Ranking first in importance was the moving of our department in September to our new and attractively furnished office at 166 East 67th Street. It is impossible to overstate the value of this move. The lessening of the strain under which the staff worked in our new quarters was soon apparent. An equally important gain was the greater privacy surrounding our interviews with the patients. The moving of the office made imperative the placing of a worker in the afternoon clinics. This was something we had always desired but which in our overcrowded clinics seemed before not to have been possible. We are glad to state that we have lost no contacts by moving out of the hospital as the medical and clinic staffs have been vigilant in steering patients across the street to our office.

In November a new worker was added to the staff to assist with the general follow-up of the clinics. For the services of this worker, we are indebted to the Co-operative Committee who realized the need for closer work with the number of nervous and mental cases visiting the dispensary. The staff now consists of the following:

The director.

Worker for First and Second Divisions—Clinic and hospital cases.

Worker for Third, Fourth and Endocrine Divisions—Clinic and hospital cases.

Worker for the Mental Health Clinic for Children—which clinics were held Wednesday and Saturday mornings.

A report of psychiatric social service given in terms of statistics only cannot be true to the spirit lying back of the work, nor can it be entirely comprehensive or accurate inasmuch as the subtle and delicate relationships brought into play in this type of work are factors that cannot be evaluated in terms of statistics only. However, the following figures may indicate some of the major activities of the department:

Cases on hand at the first of the year	1,567
New cases	741
Total	2,308
Letters to or relating to patients	2,815
Financial investigations to determine eligibility of	
the patients for free treatment	244
Staff Conferences and Committee Meetings attended	75
Country Convalescence obtained for patients	151
Employment obtained for patients	38

#### Visits.

A total of 1,764 visits were made either to or in behalf of these patients.

Home visits	875
School visits	270
Agencies	405
Miscellaneous	202
Courts	12

#### Experiments.

At the request of the medical staff, our department is trying out an interesting experiment in which we have the backing of the Social Service Committee. Owing to the overcrowding and other factors in the tenement homes from which so many of the children come to our clinics, it was found that a certain percentage of choreic cases were having recurrent attacks after much effort had been spent by the Institute toward bringing about a cure. It was, therefore, decided to try out a test case, sending a child for a year to a country boarding home in an area favorable geographically to this type of disease. Mary H., a twelve year old girl of good intelligence and interesting personality was chosen. We were fortunate in finding an unusually good boarding home. The child attends school, something she had not done uninterruptedly for years. She is there ranked as an honor pupil and her health so far has continued excellent. The case is under the close supervision of our department with a good working arrangement with the school and the boarding home. The experiment is financed jointly by the family and the Social Service Committee.

#### Mental Health Clinic for Children.

This clinic has studied 411 cases since its establishment in May, 1921. During the past 13 months 159 new cases were seen and 571 clinic visits were made by these children. Owing to the large number of cases attending the Wednesday morning clinic, it was felt imperative to devote a second morning to this work. Therefore, on

December 8, 1923, a Saturday morning clinic was opened with Dr. George Vieth of Letchworth Village in charge. The Mental Health Clinic continues under the direction of Dr. Sanger Brown, 2nd, who is here on Wednesday morning with Dr. Harry Storrs of Letchworth Village. The Saturday clinic has treated to date 31 new cases and 72 revisits were made. During July and August, owing to the vacations, this Saturday work was discontinued.

This clinic needs for its development another full time worker. At present one worker carries the two clinics and thorough social treatment is difficult.

The work in the two clinics consists concretely in procuring social histories for each new case, in sustaining the interests of the parents in the clinic and in better mental health habits, and generally in effecting such changes in the school or home as will help these particular children to be more effective.

It seems clear that in in mental health work with children, at the present time, the doctors need the social worker's help to explain to the parents what it is all about. With the strictly psychiatric problem the doctor works alone, but in the majority of cases it is a question of gradually working out better habits and attitudes and such modifications of environment as are practical. Without the visits of the social worker some of the parents lose interest as the doctor's recommendations either appear too obvious on the surface or too intangible. For example, an Italian mother last week told the worker she thought she would take her feeble-minded boy to a chiropractor, She understood the "treatment" of the latter, while the recommendation of our doctor, as to more manual education, etc., has not been grasped.

Besides the general educational problems, there are the cases in which intensive social treatment is attempted. This sometimes means a radical change of environment, such as sending away to school, or a detailed scheme of re-education under the direction of the doctor. This intensive type of work is difficult with our limited staff but with another worker would be possible.

In spite of this, however, the number of children who improve is encouraging. There is no doubt that a large number of them are distinctly helped by the clinic. One is especially encouraged by the general confidence in this clinic, which is found in the community, more particularly in the school and among social agencies.

In spite of busy days time was found for the workers to attend lectures and Round Table Conferences. These often prove stimulating and the worker returns full of enthusiasm and sometimes with a new and fresh point of view. The department also endeavors to keep in touch with new and worth while publications in the Mental Hygiene Field.

Looking backward over the past year the department finds itself indebted for many courtesies and kindnesses:

To the Superintendent, Miss Rivington, and

To the Medical Staff, who have always helped us so understandingly and well,

To the Social Service Committee, whose interest is an important

factor in our growth.

The thanks of the department are also due to Mrs. John Blair, Financial Secretary, who on many occasions in the past has come valiantly to our assistance.

#### Respectfully submitted,

MARY A. TOBIN,

Director.

#### SUMMARY

Cases at the first of the year	1,567
New cases	741
Total	2,308
To Patients' Homes	879
To interested individuals	181
Other outside visits	690
Total outside visits	1,750
Convalescent homes	158
Other institutions	21

#### DONATIONS TO THE SOCIAL SERVICE DURING 1924

Special contributions for Case A. L.:	
Miss Mabel Choate \$50.00 Mrs. Russell C. Leffingwell 50.00	
Total\$100.00	
Our thanks are due the Havens Relief Fund for their generous appropriation of	00
EMERGENCY FUND.	
Received from Board of Trustees, November 14th, 1924, for Emergency Fund	00
Paid from this Fund: (Nov. 14 to Dec. 31, 1924)         Milk Fund       \$24.00         Children's Christmas Fund       16.00         Case M. T.—Boarding Home       10.00         Case A. L.—Boarding Home       56.00         Case S. H.—Boarding Home       14.00	
Total\$120.00	
Balance on hand December 31, 1924	00 as
GENERAL DONATIONS	
Mrs. M. Berman	0 20 2 5 2
Mrs. M. Berman	20 2 5 2
Mrs. M. Berman	20 2 5 2

5 Astor Christmas dinners donated through Bellevue Social Service—1923.

5 Astor Christmas dinners donated through Bellevue Social Service—1924.

Children's Cheer League, Bensonhurst, L. I.-toys.

Miss M. Cohen-clothes.

Mrs. Harriet Fay-clothes.

Material for two dresses by a friend.

Mrs. Robert Hutchinson two donations of children's clothes.

Miss M. J. Ludlam-clothes.

Queensboro Big Sisters—shoes for three children.

Mrs. Walter N. Rothschild-coats for two boys.

Miss Shaw, Protestant Unity League-boy's coat.

Mrs. F. Solon-clothes.

Mrs. E. T. H. Talmage, Jr.—12 Christmas stockings; Opera tickets to Social Service; 3 donations of clothes for children.

Miss Fannie Tribitsch-clothes.

Mrs. A. C. Vandeveer-Christmas toys.

Miss M. Wilkinson-Christmas toys.

#### REPORT OF THE OCCUPATION THERAPY DEPARTMENT

To the Trustees of the Neurological Institute:

This department helps cure the patients by giving interesting employment. While some of the work done in the shop is very practical, such as printing, or chair caning, most of it is planned to appeal to the imagination and to awaken interest and inspire confidence in those who have lost it.

Some of the crafts are given for their physical effect, as in the case of a male patient whose doctor advised knitting and piano practice to help regain the use of his hands. As he had been a good pianist, his half-hour practice each day soon gave pleasure to the other patients, while his efforts to knit were very amusing to himself and to those who watched him. He was given large wooden needles and thick soft cord and he really did master the stitch, although the inevitable question, "What are you making?" could not be answered. The treatment, however, did him good.

The male patients made baskets, did clay-modeling, decorative painting; drawing, block-cutting, leather tooling, weaving, printing and chair caning. Twenty-one chairs belonging to the Hospital were

done.

The women patients do fancy work of various kinds, crocheting and knitting being very popular, but when Occupation Therapy is prescribed we try to give something new or different from anything the patient has ever done before. Work that appeals to the imagination such as weaving, basketry, working with raffia, clay or leather. In some cases designing and executing the article is entirely the work of one patient. In others as many as thirty different people work to finish a hooked rug or a crocheted afghan.

We made an extra effort during the year to get some financial returns out of the work-shop. Articles made by the patients were given and placed on sale. Orders have been taken and filled for waste-baskets, trays and other articles of reed, tooled leather and many other things. Now that our friends know we like to get orders

for this kind of work we expect to do more this year.

The roof garden was really a garden from May until frost, with many beautiful flowers. The members of the Co-operative Committee were responsible for this. The comfortable deck-chairs with cushions and rugs made it possible to enjoy the fresh air and sunshine to a greater degree than ever before.

The entertainments given by the Music Committee also added much to the pleasures of the roof. Almost every week there has been some kind of a concert. We have had such extremes—as a program of classical music given by professional artists to a group of most attractive young girl amateurs, with ukulele and banjo, singing

popular songs. Once we had a comic opera in costume.

There are often musicians among the patients who are generous with their talents and furnish entertainment. So, altogether, the opinion of every one regarding the roof of the Neurological Institute is, that "It is a God-send."

Respectfully submitted,

ANN F. GORMLY, Teacher of Occupation Therapy.

#### REPORT OF OUT-PATIENT DEPARTMENT

To the Trustees of the Neurological Institute:

The Out-Patient Department is the "Preventorum" of the Neurological Institute. Following the trend of modern thought in medicine this department has expanded more than any other "arm of the Service." In nervous disorders more than any others to which flesh is heir, the "ounce of prevention is worth the pound of cure," many times over. This is due to the slow repair of damage to the nervous

system whether it be faulty thinking or organic injury.

Medicine has advanced so far, that for the study of disease after the patient has died, we find institutions magnificently equipped, presided over by men of great experience and training; for patients suffering from the advanced stages of disease, we have great hospitals, with staffs of skilled physicians, surgeons and specialists. If we seek to find out, "What are the facilities offered for the detection and cure of disease in the stage when it has not changed the tissues?" we discover that there is little consideration given to this aspect of the matter. It is indeed instructive to reflect, that, while men undergo a long and special training to enable them to recognize the appearance of disease after the patient has died, and other men undergo equally careful training to enable them to recognize disease after it has damaged the tissues, few or no attempts are made to train men for the detection of disease when there is a hope of cure.

\* \* \*

The early stages of diseases are, as a rule, insidious, and are indicated mainly by subjective sensations. The patient becoming conscious that there is something amiss with him, does not, as a rule, seek help from the hospital physician, but from his "family doctor."

These are the words of the late Sir James McKenzie written in 1919. It is rather a strong statement and may not apply in toto to

conditions of today.

The recently inaugurated Gorgas Memorial for the promotion of annual or periodic examinations of all the people, that disease may be detected before it becomes firmly seated, is an expression of the

same idea, in operation.

It is just such an idea as has animated the Out-Patient Department of the Neurological Institute for many years. To it come persons whose complaints are so vague that the best description they can give is that they are "nervous." The "nervous" idea is frequently the patient's endeavor to define a feeling that "something is amiss," which gives a feeling of uneasiness.

The examination in the Out-Patient Department in a great many

cases serves to detect disorders of all sorts in their early manifestations. Functional disorders may be corrected early which might have led to serious derangement. Neuroses may be dealt with which might have terminated in insanity. Slight disorders of the heart, lungs or digestive system are not infrequently interpreted by the patient as "nervousness," mistaking a symptom for the disease. Such cases are referred to clinics suitable for their care.

A very important group of cases are those suffering from syphilis of the nervous system with early trifling symptoms. Much can be done with such cases, to spare them untold suffering. The place where these cases are detected is in the Out-Patient Department.

Cases with doubtful mental disorders come to the Out-Patient Department. These are referred into the Hospital for observation.

Those suffering from suspected or definite organic disorder of the nervous system are sent into the hospital.

Thus, the Out-Patient Department acts as a constant feeder and the main source from which hospital patients are derived.

Respectfully submitted,

C. BURNS CRAIG, M.D., Chairman, Out-Patient Committee.

#### REPORT OF SUPERINTENDENT OF NURSES

To the Trustees of the Neurological Institute:

The year 1924 has been rather an eventful one in the Nursing Service here. Only two changes have been made in the personnel of staff nurses and one addition, as we now have a graduate nurse as Registrar of the clinics. Early in the year, the Co-operative Committee appointed Mrs. Walter Timme as Chairman of a Nursing Committee, with Mrs. Foster Kennedy, Mrs. Edmonde Neer, Mrs. Irving Pardee and Mrs. Royal G. Cannaday as her associates.

We very much appreciate the efforts of these women in raising funds to pay for the post-graduate students to take the course in neuro-anatomy and physiology at Columbia University. Also in the gift of books for a reference library, which now contains 11 books referring to our special line of work. Yearly subscriptions to the following nursing journals: American, Pacific Coast, and Public Health; 60 books of fiction and Saturday Evening Post; Red Book; American and Moving Picture Magazines. They also have sent us many theatre, opera and concert tickets which have been much appreciated by the nurses.

This Committee also donated an electric power sewing machine to our linen room equipment, and made up over five hundred yards of gray linen into sheets, towels, pillow cases, etc., for the operating room.

During the year, eight nurses finished the six months' postgraduate course, two having taken the special course at Columbia in

neuro-anatomy and physiology.

We are looking forward to our new Hospital in the Medical Center, and hoping to have a modern nurses' home, with adequate teaching and recreational facilities, and also affiliation with some of the general hospital training schools for at least three months' training in functional and organic nervous diseases.

We also much appreciate the kindness of physicians and surgeons who have so ably assisted in our lecture course, and for their care of

the nurses in illness.

Respectfully submitted,

GERTRUDE M. DWYER, R.N.,
Superintendent of Nurses.

#### REPORT OF SUPERINTENDENT

To the Trustees of the Neurological Institute:

"The Institute at the Cross-roads" expresses very much our position in 1924. The tremendous loss of our President, Mr. Robert P. Perkins, following so soon after Mr. Richard H. Williams' death,

swept us from our moorings of constituted ways.

The hospital was crowded even during the summer months. In the dispensary, by strictly limiting the patients for examination and treatment, as well as weeding out the new applicants before registering, relief to some of the overcrowding was given. Revolving doors at the clinic entrance removed the chilling draft in winter, and the new blower has made a great difference in the ventilation by putting much needed fresh air directly into the waiting room. The evening pay clinic and the evening treatment clinic are filling a long felt want for working people, who cannot afford to lose the time during the day, and yet need medical advice and treatment to keep them on their job.

The women of the Co-operative Committee, so helpful and understanding, have become such an integral part of the Institute we cannot

imagine ourselves without them.

With grateful appreciation for the cooperation and help of the Board of Trustees, the Medical Board and staff, and the personnel of the Institute.

Respectfully submitted,

ESTHER F. RIVINGTON, R.N.,

Superintendent.

#### SUMMARY

Patients Admitted to	the Hos	spital	
	1924.	1923.	1922.
Private-			
Male	216	153	216
Female	214	113	143
Semi-Private	w.a	- 0.4	
Male	70	184	194
Female	160	174	118
Male	544	548	463
Female	317	348	415
Free-	017	- 010	110
Male	70	39	41
Female	33	36	51
Total	1,624	1,595	1,641
Number of Patr	ient Days	:	
Private	5,702	5,780	5,340
Ward and Semi-Private	20,307	19,581	16,621
Free	1,816	1,357	3,839
Total	27,825	26,718	25,800
Dispensary P	ationto		
Number of new patients	4,134	4,390	5,685
Revisits—Free 1,039	5,793 19,739	7,678 27,988	7,361 $29,976$
	· ·	The state of the s	29,910
Morning Private Pa	atient Cl	inic	
New patients	3,391	3,275	3,634
Revisits	1,904	1,473	1,183
Treatments given	14,858	14,939	14,294
Endocrin Week	ly Clinic		
New Patients	205	169	163
Revisits	462	557	524
			021
Children's Mental I	Iealth Cl	inic	
New patients	141	143	103
Revisits	368	382	204
(Adults)	42		
Private Evening Clinic—C	pened I	an. 1. 1923	
New Patients	568	555	
Revisits	302	262	
••			
Evening Treatment Clinic—			
Treatments given—Free 713	7,374	1,615	
Salvarsan Bii	veekly		
Treatments given	958		
Average days stay per patient	16	$17\frac{1}{2}$	$15\frac{1}{2}$
Daily average cost per private patient	9.29	10.42	11.16
Daily average cost per ward patient	5.13	5.851/2	4.65
Average cost per dispensary visit	$.88\frac{1}{2}$	.71	.691/3

# REPORT OF PHYSIOTHERAPY DEPARTMENT

# Treatments for year of 1924

e. Total.			392 18,955				)49 	77,946
14	2,145 9	1,547 1,1	£ 809	ld Pri. Patier	and Pri. Patients		5,336 2,849	8,185
Clinic P.M. Male. Female.	3,565 5,632	3,539 4,651	1,763 1,602	Only given to Hosp. ar	fosb.	Hospital Patients	10,315 13,654	23,969 Total Treatments
Clinic A.M. Male. Female.	2,192 3,442	2,024 2,332	1,376 1,502	192 165	2	Only given to Ho	6,461 8,419	14,880
Iospital Patients. Male. Female.	2,762	4,257	648 8,241	370	196	1,169	18,414	80,922
Hospital	1,342	3,876	540 4,761	387	965	637	12,508	<b>∂</b> 6
	Hydrotherapy	Electrotherapy	Baking	Mechanotherapy	Frankel Ex.	Calisthenics	Total	

#### REPORT OF TREASURER

#### BALANCE SHEET NOVEMBER 30, 1924

#### Assets.

Current Assets—	0.00.400.00
Cash	\$ 20,408.23 3,832.50 86.66
Accrued interest on investments	\$ 24,327.39
Investments, at cost—	4,
\$13,000.00 par value Southern Railway 4s, due	9,447.00
Fixed Assets—	
Land, building and improvements, at cost \$233,227.42 Furniture and fixtures, as inventoried 18,650.00 Apparatus and instruments, as inventoried 10,500.00 X-Ray equipment, at cost 7,522.37	269,899.79
Deferred Charges—	
Prepaid insurance         \$ 438.33           Supplies inventory         3,660.00	4,098.33
	\$307,772.51
Liabilities.	
Current Liabilities—	\$ 23,505.95
Accounts payable	12,985.01
Accrued payroll	825,00
Patients' deposits	505.60
2 00000	\$ 37,821.56
Mortgage Indebtedness, payable April 1, 1927, 5½%	90,000.00
Capital—	
Contributed funds \$400,606.91	
Less excess of expenses over income 220,655.96	170 050 05
	179,950.95
	\$307,772.51

## STATEMENT OF INCOME AND EXPENSES FOR THE YEAR ENDED NOVEMBER 30, 1924

		Semi-privat and ward		
			Sundry.	Total.
Income:	1	•	v	
Board and attendance	\$ 57,450.73			\$129,791.96
Special nursing		10,001.50		
Dispensary and treatments		2 021 60		33,179.75 14,209.52
X-Rays Sundry service and examinations	8,589.09			
buildly bervice undexaminations		3,557115	20,012,02	
	\$100,596.46	\$91,681.46	\$67,751.99	\$260,029.91
Expenses, per Schedule A:				
Administration expenses			\$23,796.33	
Professional care of patients			100,913.91	
Departmental expenses			115,354.65	
General house and property expenses			28,537.51	
				268,602.40
Excess of Expenses over Income				\$ 8,572.49

#### STATEMENT OF EXCESS OF EXPENSES OVER INCOME TO NOVEMBER 30, 1924

Accumulated Excess at December 1, 1921		\$144,878.90
Add:		
Excess of expenses over income:		
Year ended November 30, 1922	\$ 8,824.13	
Year ended November 30, 1923	17,040.57	
Year ended November 30, 1924	8,572.49	
apparatus and instruments to inventory value Adjustment of book value of accounts receivable	21,833.43	
to estimated realizable value	12,628.61	
able	839.41	
service over specific donations received therefor	17,124.89	86,863.53
		\$231,742.43
Deduct:		
Donations for X-Ray equipment	\$ 6,776.05	
Excess of receipts from night clinic over expenses Adjustments of book values to ascertained values:	886.80	
Patients' advances	2,697.39	
Supplies inventory	367.44	
Cash funds	188.39	
Prepaid insurance	170.40	
	<del></del>	11,086.47
Accumulated Excess at November 30, 1924	• • • • • • • • • • • • • • • • • • • •	\$220,655.96

CONDENSED STATEMENT OF INCOME AND EXPENSES FOR THE THREE YEARS ENDED NOVEMBER 30, 1922, 1923 AND 1924

		Income.			Expenses.		Exc	ess of Ex	penses.
	1922.	1923.	1924.	1922.	1923.	1924.	1922.	1923.	1924.
December	\$ 20,014.11	\$ 19,310.55	\$ 21,040.79	\$ 20,085.76	\$ 19,734.29	\$ 22,466.00	\$ 71.65	\$ 423.	4 \$1.425.21
January	20,276.42	20,077.18	22,158.02	20,315.79	20,444.32	22,948.08	39.37	367.	790.06
February	17,729.30	19,790.06	21,458.19	18,737.15	20,962.30	22,251.05	1.007.85	1.172	792.86
March	19,947.71	22,085.65	23,432.97	19,789.68	21,879.95	22,781.22	158.03*	205	70* 651.75*
94 April	18,701.60	20,460.85	22,548.56	19,470.40	20,947.73	22,968.06	768.80	486.	38 419.50
May	20,803.77	23,155.70	24,288.24	19,818,96	24,013.72	22,578,08	*18.81	858.	2 1.710.16*
June	20,691.45	23,525.41	20,710.64	21,068.57	24,828.91	22,766.43	377.12	1,303,	50 2,055.79
July	17,739.35	20,195.78	20,255.13	19,541.29	23,405.03	22,401.70	1,801.94	3,309	25 2,146.57
August	15,601.71	18,677.35	19,442.02	18,683.48	21,434,14	21,488.96	2,904.46	2.791	39 1,594.91
September	16,843.79	18,642.25	19,894.05	19,748.25	22,182.56	20,531.37	3,081.77	3,505.	1,089.35
October	20,761.13	21,740.23	22,730.91	21,167,40	23,465,10	22,771.28	406.27	1.724	37 40.37
November	20,177.32	21,972.69	22,070.39	19,685.06	23,376.22	22,650.17	492.26*	2.26* 1,403.53 57	53 579.78
Total	\$229.287.66	\$249,633.70	8260.029.91	8238,111,79	8966.674.97	8968,609,40	88 894 13	\$17 040 KT	7 98 KTO A0
*Excess of Income.								20106114	_

#### Fixed Assets-\$269,809.79.

Furniture and fixtures, and apparatus and instruments are stated at present values as inventoried by the management. Land, buildings, improvements and X-ray equipment have been taken at cost as shown in the accounts, the Treasurer's expenditures therefor from June 30. 1922, having been vouched and the prior charges accepted as vouched by previous auditors.

#### Research Funds.

There have not been included in current assets the unexpended balances of donations received for specific research work. funds are immediately turned over to the persons responsible for pursuing the research, and neither the donation nor the expense is taken into the Institute's income account.

Communication was had with the custodians of these funds who reported the following unexpended balance and overexpenditure:

Dr. Frederick Peterson, Classification Clinic .....\$1,506.67 balance;

Dr. Charles A. Elsberg, Epilepsy Research ...... 990.43 balance; Dr. Frederick Tilney, Multiple Sclerosis ...... 136.61 over exp 136.61 over expenditure.

We are informed that reports on their expenditures are not required from the custodians, and that the overexpenditure on the multiple sclerosis research will be absorbed in funds to be received at the end of the calendar year for further research.

We are, dear Sir,

Yours faithfully,

TOUCHE, NIVEN & CO.

We are greatly indebted to Messrs. Touche, Niven & Co., who donated their services for a complete audit of our accounts, and put our accounting system on a clearer and more practical basis, and are still supervising our accounts monthly.

### DETAILS OF EXPENSES FOR THE YEAR ENDED NOVEMBER 30, 1924

Administration Expenses:	
Salaries, officers and clerks	\$ 16,781.86
Office expense	353.20
Stationery, printing and postage	
Telephone and telegraph	2,636.76
Telephone and telegraph	4,024.51
	\$ 23,796.33
Professional Care of Patients:	
Salaries and wages	\$ 68,370.50
Equipment, apparatus and instruments	591.05
Medical and surgical supplies	7,315.26
Dispensary	8,548.70
Alcohol and liquors	51.92
Sundry expenses	16,036.48
	\$100,913.91
Demants and all Times are	
Departmental Expenses:	P 10.040.00
Pathological laboratory	\$ 10,040.22
Hydro-therapeutic	2,410.38
Mechano-therapeutic	6,675.64
Operating room	5,105.39
Housekeeping	8,835.29
Kitchen	9,642.22
Laundry	9,511.32
Labor—steward's department	1,367.50
Bread Milk and cream	1,853.85 6,158.37
· · · · · · · · · · · · · · · · · · ·	8,662.29
Groceries	7,846.51
Butter and eggs	4,393.76
Fruits and vegetables	14,894.11
Meat, poultry and fish	2,730.86
Roof garden	5,636.27
Psychological Laboratory	9,590.67
X-Ray	9,590.01
	\$115,354.65
General House and Property Expenses:	
Rent	\$ 7,277.40
Electric light and power	4,291.88
Fuel, oil and waste	4,209.95
Gas and ice	2,645.54
Maintenance of buildings	1,626.12
Plumbing and steam fitting	581.13
Machinery and tools	2,561.09
Interest on mortgages	5,195.90
Insurance	148.50
	\$ 28,537.51
	\$268,602.40

Grateful acknowledgement is made to those named below who constributed, directly or indirectly, to the Neurological Institute during the year 1924.

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Mr. Charles H. Zehnder

<sup>\*</sup> Deceased.

#### SPECIAL CONTRIBUTION

Anonymous donor	through Dr. J. Ramsay Hunt to endow a bed in	
the Children's	Ward	\$5,000.00

#### SPECIAL FUNDS

Appropriations from Commonwealth Fund:	
For Multiple Sclerosis Research	\$4,155.77
For Epilepsy Research	4,995.00
From United Hospital Fund	2,886.27

#### SPECIAL DONATIONS

Scully Walton Company Crane Ambulance Company Howard MacDougall Company	Ambulance Service for Free Patients
Dr. Ward Holden	Magazines
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Mr. Harrison Williams	Alpine Sun Lamp
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Miss Carrie Simon	Sick room accessories
Mr. Charles Scribner	Books
Miss Clarissa Drier	Chautauqua desk

#### OUT-PATIENT DEPARTMENT

This Department aims to meet the need, not only of the poor, but the self-supporting patient who can afford to pay, but whose financial circumstances will not permit consultation at a physician's office.

#### MORNING PAY CLINIC

10 A. M. daily, except Sunday or holidays.

#### EVENING PAY CLINIC

7 P. M. Monday and Friday.

Fee-\$5.00 for examination and revisits to see the physician.

A moderate charge is made for X-rays and laboratory examinations.

Patients referred from clinics or by physicians connected with the Institute may obtain treatment at the following rates in *mornings*:

#### DISPENSARY CLINIC

1 P. M. daily except Sunday or holiday by appointment only.

Fee for examination-\$1.00, less or free.

Revisits to see physician, 50 cents.

X-rays \$3.00, less or free.

Laboratory examinations—a small fee or free.

Treatments, baths, massage, electricity, baking, etc., 35 cents each, or free.

#### EVENING TREATMENT CLINIC

For patients examined in other clinics who cannot come in the afternoon. Men—Monday and Thursday, 7 P. M.

Women-Tuesday and Friday, 7 P. M.

Treatments-35 cents each, or free.

#### ENDOCRIN CLINIC

Thursday 10 A. M. For referred cases only.

#### CHILDREN'S MENTAL HEALTH CLINIC

Wednesday and Saturday 10 A. M. For referred cases only.

#### RULES AS TO THE ADMISSION OF PATIENTS

1. Patients must be examined by one of our physicians, either in his office or at one of our clinics, before admission, to ascertain if they are suitable cases for this hospital. Applications for admission of patients living out of the city must be accompanied by a detailed history from a reputable physician.

If able, ward patients must apply in person at one of the clinics for examination. If helpless or very ill, one of the examining physicians appointed by the Medical Board will be sent to examine patients at their home, for which a fee will be charged.

- 2. Patients will be admitted between 9 A. M. and 5 P. M. unless previous arrangements have been made.
- 3. All ward patients are required to pay \$21.00 per week for board and treatment or such smaller sums as may be determined by the circumstances of the case, of which the Trustees shall be the sole judges. No one shall ever be refused admission on account of inability to pay unless the resources of the hospital are exhausted.
- 4. No patient suffering from any readily communicable disease shall be admitted, nor any whose case does not require the special benefits of the hospital nor shall any patient be admitted whose case is judged to be incurable, except for further diagnosis, unless there be urgent symptoms, which in the opinion of the attending physicians or surgeon, are capable of being relieved.
  - 5. Private rooms—from \$60.00 to \$100.00 per week. Semi-private rooms—(two in room)—\$5.50 per day.

Treatments such as baths, massage, electricity, baking exercise or occupation, are included in weekly charge. Extra charges are made for medical attendance, X-rays, laboratory examinations, special medicines, operating room and anesthesia.

#### RULES FOR VISITORS

- 1. Visiting hours for private patients, from 10 A. M. to 8 P. M. daily.
- 2. For semi-private patients, from 2 to 4 P. M. and 7 to 8 P. M. daily.
- 3. Visitors will be admitted to the wards on Tuesdays and Fridays, from 6 to 7 P. M., and on Sundays from 2 to 4 P. M., and at no other time, except by special permission from the Superintendent.
- 4. Only two visitors will be permitted to be at the bedside at one time.
- 5. Patients reported as seriously ill by the Physician or Surgeon will be permitted to see members of the family at any time.
- 6. Only fruit, jelly and ice-cream can be brought for patients. Such packages must be left with the nurse and, if approved by the Physician, will be given to the patients.
- 7. Visitors must observe perfect order and propriety while in the Hospital, must confine their visits to their immediate friends, must not stop or loiter in the halls, offices, or on stairways, and must leave the building promptly at the end of the visiting hours. Any violation of these rules may subject the offender to exclusion from the premises.
- 8. All letters of inquiry regarding patients should be addressed to the Superintendent.



#### FORM OF BEQUEST

#### FORM OF DEVISE OF REAL ESTATE

I give and devise to the Neurological Institute. New York, a corporation created in the year 1900 under the Laws of the State of New York, for its coporate purposes, all that, etc. (Here describe the property.)

FILE COPY NOT TO BE TAKEN FROM ROOM. HARRISON WILLIAMS. M. COLLEGIO

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OF

# THE NEUROLOGICAL INSTITUTE

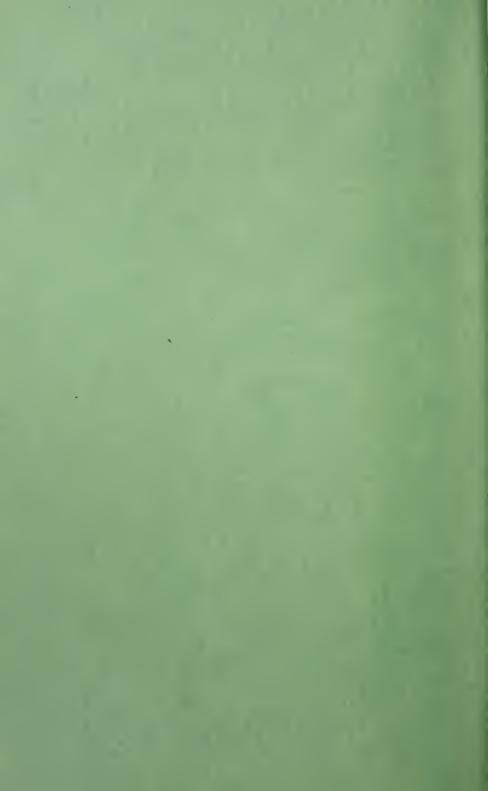
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FOR THE YEARS 1925-1926

NEW YORK CITY
149-151 EAST 67th STREET



#### FIFTEENTH REPORT

OF

# THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEARS 1925-1926

NEW YORK CITY
149-151 EAST 67TH STREET

# THE NEUROLOGICAL INSTITUTE OF NEW YORK

For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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ANONYMOUS (THROUGH MRS. FARLEY)
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Mr. Maurice Goodman Mrs. Benjamin Guggenheim

MRS. MORGAN HAMILTON MRS. E. S. HARKNESS MRS. CHARLES D. HILLES MR. LORING HOOVER Dr. Foster Kennedy Mrs. George E. Kent Mr. Edwin Kuttroff

MRS. H. L. LLOYD

MR. MILTON S. MAAS
MRS. SAMUEL MCROBERTS
MRS. CHARLES E. MITCHELL

Mrs. A COSTA NICHOLS

MRS. WILLARD PARKER, JR.

MRS. OGDEN M. REID MR. JULIAN RIPLEY MISS MARIE L. RUSSELL MRS. ARTHUR RYLE

MRS. SAMUEL SCHIFFER
MR. ELMER SCHLESINGER
MRS. H. W. SCHLOSS
MRS. BENJAMIN STERN
MR. CORNELIUS J. SULLIVAN
MRS. JOSEPH R. SWAN

Dr. Frederick Tilney Dr. Walter Timme

Mrs. Augustus Van Cortlandt

Mr. Thomas J. Watson Miss Theodora M. Williams

Mrs. Albert Young
Dr. Edwin G. Zabrískie

### SOCIAL SERVICE COMMITTEE

MRS. WALTER N. ROTHSCHILD, Chairman

MISS MARY LINCOLN ALDRICH MRS. J. HORTON IJAMS
MRS. JOSEPHINE A. BROWNING MRS. FERDINAND JELKE
MRS. EDWARD P. FARLEY MISS RUTH MORGAN

MRS. E. T. H. TALMAGE, JR.

### REPORT OF THE EXECUTIVE COMMITTEE

To the Trustees of the Neurological Institute:

The work of the Institute goes steadily on and in proportion to its plant and equipment probably exceeds that of any other hospital, due to very intensive use of the available space and facilities and to the fine spirit of service and the unusual degree of cooperation on the part of the entire personnel of the Medical, Surgical and Administrative Staffs.

While the thoughts and hopes of all are centered on the new building to be erected at the Medical Center, with its wonderful promise for the future in larger opportunity for service and for still greater achievements in research and education, there is no lessening in the interest and devotion which is displayed in the service rendered day by day to the public in our present cramped and inadequate quarters.

With the united help of the friends of the Institute we hope to complete our Building Fund and break ground for the new building this spring, and we will carry with us to our new quarters the same fine spirit of loyalty and cooperation which has made possible the progress and accomplishment of the past seventeen years, and will make for greater progress and accomplishment in the years to come.

ROBERT THORNE, for the Executive Committee.

### REPORT OF THE MEDICAL BOARD

To the Trustees of the Neurological Institute:

The past two years have witnessed a steady development of the activities of the Neurological Institute in all its departments. The same spirit of enthusiastic cooperation pervades all branches of activity despite the important decisions concerning the policy of the Institute and these new problems have had no deterrent effect on the ordinary routine of hospital affairs.

The special clinics continue their work at full capacity and although conditions, i. e., quarters and personnel remain unchanged, the urge to develop new ideas to expand in all directions, to treat a greater number of patients, to teach a larger number of students and above all, to impress the value of preventive medicine in these fields on professional and laymen, gathers increased force each year.

The number of applicants for relief at the Endocrine clinic has assumed such proportions that a delay of weeks before an appointment can be secured is often unavoidable. In like manner the teaching and research activities of the clinic are seriously hampered although the work is carried on as vigorously as ever.

The child-problem clinic has developed into one of the most important activities of the Institute. During the past year the increased demands on the services of the clinic have required the services of another physician, and at present, the clinic is running to full capacity two mornings each week. The clinic has further enlarged its activities by the examination of certain specially selected types of delinquents who have come under the jurisdiction of the Magistrates' Courts. One day each week a selected number of such cases are examined and the court is then advised concerning the type of individual it has to deal with. Appreciation of the very material help we are rendering by this means is not only demonstrated by the fact that we have more cases than we have the facilities to handle, but also by direct expressions of appreciation on the part of the courts.

Thus, is the Institute fulfilling a demand made by the executive officer of the Institute in his report to the Board of Trustees in 1911, when he said: "Our duties as an educational institution are not circumscribed by such instruction. The atypical child must be studied and interpreted here and the possibilities that hope holds for him must be defined. The moral delinquent while still taking faltering steps must be steadied and oriented. The shy, the sensitive, the psychopath, must be encountered early if their potentiality for suffering and inadequacy is to be reduced and conquered."

The attendance of the morning pay clinics continues unabated, and the same relation of new patients to revisits and treatments remains the same.

That of the afternoon clinic has decreased somewhat, owing to the better facilities for eliminating non-neurological cases and the expansion of neurological departments in other hospitals throughout the city. This, the Secretary feels, is one of the many instances in which the influence of the Neurological Institute is felt both at home as well as over the country.

The past two years mark a departure from the original program of the Institute by the decision to affiliate with the Columbia-Presbyterian Hospital group; the importance of which cannot be overestimated at the present time.

Those of us who have seen the Institute struggle along in the present quarters, constantly striving for expansion in every direction, alternating between anticipation and despair of ever achieving this goal, can only thrill at the prospect of fulfillment of our dreams. The advantage to the Institute through intimate contact with the teaching staffs by access to the laboratories and the facilities for research afforded by the State Psychiatric Institute and Columbia University, are far beyond that which we had ever dreamed. Most important of all, is the contribution which we, as neuro-psychiatrists, can bring to the problems of general medicine and surgery and by close personal contact with all the other departments assist in the study of the individual from a comprehensive biologic point of view.

The Medical Board desires to mark its appreciation of the splendid support afforded by the untiring efforts and unselfish sacrifices and great generosity of the Board of Trustees towards this achievement. The Medical Board also wishes to express its gratitude for the devotion and loyal support given by Miss Rivington, Superintendent; Miss Dwyer, Superintendent of Nurses, during the past two years.

Respectfully submitted,

EDWIN G. ZABRISKIE, M.D., Secretary.

### MEMORIAL ADOPTED BY THE MEDICAL BOARD

On August 12, 1926, the Neurological Institute lost one of its most promising young men, and once more the First Division of the Neurological Institute has lost one of the men who it was hoped would carry on the traditions and burdens formulated by its founders. On that date, Sante Naccarati was killed in an automobile accident while touring Italy.

Sante Naccarati, although he took his degree at Rome, was more closely identified with American Medicine. He came to this country about 1906 and became one of the clinical assistants on the First Division at the time the Institute opened its doors. He was a successful practitioner but was more deeply interested in the broader biological aspects of medicine.

He always activated us to further thought by his keen appreciation of the broad biologic point of view of the problem and whenever he took part in a discussion, one could be sure of an interesting stimulating thought. His work on the morphological aspects of intellectual development has at last been recognized and will receive the credit it deserves.

His genial kindly, sympathetic personality, and his many lovable traits are sorely missed, and it is with the deepest sorrow that we record his death.

> CHARLES A. ELSBERG, M.D. FOSTER KENNEDY, M.D. FREDERICK TILNEY, M.D. WALTER TIMME, M.D. EDWIN G. ZABRISKIE, M.D.

### REPORT OF THE CO-OPERATIVE COMMITTEE

January 1, 1925, to December 31, 1926

To the Trustees of the Neurological Institute:

The Co-operative Committee has at present 65 members and 52 contributors. It has four standing committees:

Committee on Convalescence and Prevention, Mrs. John Sherman Hoyt, Chairman.

Committee on General Welfare, Mrs. Frederick Tilney, Chairman.

Committee on Nurses,
Mrs. Walter Timme, Chairman.

Committee on Occupation Therapy, Mrs. Edwin G. Zabriskie, Chairman.

Since our last report, the Committee has raised \$21,763.20 for the benefit of the non-revenue producing departments of the Hospital.

The Committee on Nurses enlarged and maintained a library in the Nurses' Home. The Library Committee of the General Welfare Committee has enlarged the patients' library and has made two visits weekly to the Hospital for the purpose of distributing books and magazines in the wards. Other members of the Committee have worked in the clinic and have given valuable service in many departments of the work.

The Music and Entertainment Committee arranged a series of concerts and entertainments, which seemed to afford a great deal of pleasure to the patients, as did the annual Christmas parties which this Committee arranged for their benefit.

The Committee on Occupation Therapy has exhibited the work done by the patients, sold many articles and taken orders for future deliveries. Volunteers have served as assistants to the Director of the Department.

During the recent convention of the Society of Neurological Surgeons in May, 1925, the Co-operative Committee acted as hostesses and gave two luncheons on the roof of the Hospital for the visiting surgeons.

The Committee has paid the salaries of an assistant psychologist and of one social worker. It has furnished the operating room with a complete supply of new linen and done other small services as the need has arisen.

19-

The course of lectures given in cooperation with the National Committee for Mental Hygiene and the New York State Mental Hygiene Committee, for the benefit of social workers and those interested in and affiliated with hospital work has met with such success that it has been continued as part of the yearly programme. The audience habitually numbers several hundred persons, and it would be hard to overestimate the practical value of the talks given by the distinguished specialists who have appeared at these conferences.

As the Committee interprets part of its function as being to secure new and understanding friends for the Institute, its policy is to have as many of its meetings as possible open to the public so that they shall be not merely business meetings, but also centers of information regarding the work of the Institute.

We want to thank the members of the Medical Board for their never failing generosity and cooperation, and to assure them that the valuable time they have given us has not been wasted, but has been instrumental in securing new friends and support for our work.

Dr. J. Ramsay Hunt gave an informal talk at a luncheon at the Colony Club on "The Vital Place of the Neurological Institute in the Community."

At other meetings, Dr. Elsberg gave an address on "What Modern Surgery Has Done for the Paralyzed, Epileptic and Those Threatened with Blindness."

Dr. Frederick Peterson gave an address on "Mind, Religion and Medicine."

Dr. Sanger Brown, an account of the establishment of the Court Clinic at the Neurological Institute, and Mr. Edwin J. Cooley, Chief Probation Officer of the Court of General Sessions, and Judge William Allen, of the Court of General Sessions, spoke on "The Court Clinic and the Mal-Adjusted Adult."

The Committee, pursuing its policy of attempting to secure the cooperation of the public in its efforts, has raised the major portion of its funds by means of benefits. It has conducted three benefits of different types:

- 1. A Bridge and Mah Jong Tournament.
- 2. Through the generosity of Mr. James Reeves, in March, 1926, we were enabled to take over five of the Reeves' grocery stores for one day and run them for the benefit of the Hospital.
- 3. In December, 1926, Mr. Frank G. Shattuck permitted the Committee to take over his new shop at 556 Fifth Avenue for a day and

generously donated 50 per cent. of the gross receipts to the Institute. As these benefits were of somewhat novel type, wide publicity was given to them and incidentally to the work of the Institute by the newspapers. The Committee felt, therefore, that they served a double purpose.

The Co-operative Committee wishes to take this opportunity of thanking the Press for its generous help and cooperation.

Respectfully submitted,

MARY LINCOLN ALDRICH,

Chairman.

# REPORT OF TREASURER

# Co-operative Committee

# January 1, 1925—December 31, 1925

DISBURSEMENTS

DISBURSEMENTS	Linen for Operating Room.         218.11           Sewing machine         107.62           Printing—postage and stationery.         56.35           Presents—Hospital Staff         48.00           Luncheon for Visiting Surgeons, Neurological Society         380.00           Board—child at Children's Village         82.00	Contributed to General Hospital Fund:  Nore: This includes salary of Social Service Worker and Psychological Laboratory Assistant 9,500.00	Balance, December 31, 1925	Respectfully submitted, $IDA\ BLAIR,$ $Treasurer.$
RECEIPTS	Dues and contributions	\$10,478.46 Balance, December 31, 1924	Summary of Benefit:  March, 1925, Bridge and Mah Jong  Tournament:  Receipts\$6,567.00	Disbursements:     Printing

# January 1, 1926—December 31, 1926

	Contributed to General Hospital Fund:  Nore: This includes salary of Social Service Worker and Psychological Laboratory Assistant 10,700.00	\$10,864.38 1926: December 31—Balance, Holiday Festa\$623.65 Balance, General Fund 17.71	\$11,505.74		Respectfully submitted,	IDA BLAIR, Treasurer.		
RECEIPTS	\$11,	Contribution — Mr. James Reeves, Proceeds sale at 5 stores\$1,512.67 Smocks sold	Inneous Smocks	Holiday Festa—Schrafft's, 556 Fifth Avenue, December 4, 1926: Receipts:	Contribution, Frank G. Shattuck, 50% gross receipts Holiday Festa. \$3,608.51 Contributions for lunch, tests and	dinners and tickets returned to be sold	Stenographer\$140.00 Postage	Net profits reported above\$5,023.65 NOTE: Final net receipts of Holiday Festa after deducting total expenses\$4,518.32 (Bills rendered in January)

### REPORT OF THE CLASSIFICATION CLINIC

### 1925 and 1926

To the Trustees of the Neurological Institute:

The Classification Clinic during the last two years has been engaged in two activities as heretofore; namely, operating the Private Clinic and conducting the Child Guidance Clinic at the Neurological Institute. At the latter, since the clinic was started, no less than 653 cases have been examined. At the Classification Clinic since it was started in 1920, 55% of the cases have been referred by physicians, 30% by schools, and 15% directly by the parents and other sources.

As indicated in previous reports, the types of cases are varied. First, normal children whose parents wish them to have a general examination in both physical and psychological ways; second, those who show certain psychological difficulties. This is shown by nervous instability or mental conflicts of various kinds, often by retardation in school which may be dependent upon intelligence but not infrequently upon some mental conflict. These difficulties may express themselves in the way of disciplinary troubles, shyness, diffidence or trouble in relationships with other children.

The origins of these difficulties are various. At times they are inherent with the child, an expression of emotional and nervous instability during early years. With proper management this tendency improves with maturity. Again, the difficulty is in the environment. Parents may not understand the special needs of the child, and so unwittingly hamper his natural mental development. Both over-indulgence and over-strictness may contribute to this situation. In a number of instances the school, excellent as it may be for the majority of its pupils, may prove unsuitable for children of certain temperaments.

Physical defects and the after-effects of illnesses particularly in young children, are the determining causes in a number of instances.

Certain handicaps exist in the treatment of these conditions during childhood. Unstable children are not welcomed in the majority of schools. If they are admitted, it is often difficult to modify the school routine and the curriculum to meet their needs. These children who are exceptional either in their tastes or temperament are often regarded in an unfavorable light by their classmates, and this tends to increase rather than modify unfavorable mental traits.

The principles of mental hygiene are being appreciated in educational institutions. In three large colleges quite recently, namely at Dartmouth, Yale and Vassar, the services of a full time psychiatrist have been acquired for the purpose of giving guidance in the numerous mental hygiene problems arising in the student group. Similar work is being done at several other colleges under different arrangements.

In the preparatory schools the need of such expert services is being more fully appreciated. In at least two schools which have come to our attention, the full time services of a psychiatrist have been employed, and at a number of other schools psychiatric advice has been made available.

In public schools the routine use of a psychological and psychiatric examination is more general. In a number of city educational departments clinics exist for this purpose. There is reason to believe that this service will be extended as the work becomes more generally familiar. Scientific knowledge on this subject is constantly increasing and is being disseminated. This is one of the main objects of the Classification Clinic.

Respectfully submitted,
FREDERICK PETERSON,
Director.

### **CLASSIFICATION CLINIC**

### **Annual Financial Statement**

### RECEIPTS

1925		1926	
Fees for Examinations\$1,759.90		\$1,754.80	
Interest on Deposit (U. S. Mortgage			
& Trust) 29.47		38.73	
Cash for stamps, telephone, etc 28.06		20.34	
	\$1,817.43		\$1,813.87
Guranatee Fund (Miss Choate)\$4,500.00		\$3,000.00	, ,
Balance on deposit and cash on hand,			
December 31, 1924 1,285.16			
Balance, December, 1925		2,119.76	
	5,785.16		5,119.76
	\$7,602.59		\$6,933.63
DIGDIDGEMENT	na		
DISBURSEMENT	15		
Salaries\$1,790.03		\$1,807.76	
Rent 3,000.00		3,000.00	
Examiners' fees		210.00	
Telephone 79.81		91.99	
Petty cash		22.59	
Printing and stationery 41.20			
Stamped envelopes for mailing circu-			
lars 54.50		51.00	
Announcement of clinic in Sargent's		02.00	
"Private Schools" 25.00		25.00	
Sargent's "Camps" 20.00			
Supplies for psychological tests 7.64			
Stamps		18.00	
Repairs to typewriter 16.25			
Announcement of clinic in "Harper's"			
(six months)		270.86	
	5,482.83		5,497.20
Balance on deposit and cash on hand,	.,		,,
December 31, 1925	2,119.76		
Balance, December, 1926			1,436.43
	\$7,602.59		\$6,933.63

### REPORT OF DEPARTMENT OF NEURO-ENDOCRINOLOGY

To the Trustees of the Neurological Institute:

Herewith I beg to submit, as Director of the Department of Neuro-Endocrinology, a report of its activities since its inception.

The Neuro-Endocrine Clinic was begun during the first year of the war, namely, during the spring of 1917, for the purpose of getting together material for the instruction of the Army officers detailed as students at the Neurological Institute by the Surgeon General's Office in Washington. Interest in this Department immediately became manifest and within a very short while the Department was definitely organized and the Medical Board of the Institute established it as a special department in 1919. During the first year, 1919, the new cases examined numbered 34; and progressively up to and including the year 1926 the numbers of admission have increased as follows:

1919	Number of new patients 34	1
1920	Number of new patients 78	3
1921	Number of new patients130	0
1922	Number of new patients168	3
1923	Number of new patients169	9
1924	Number of new patients208	5
1925	Number of new patients256	S
1926	Number of new patients209	9

This table represents new cases only. Up to and including the year 1923, the approximate number of revisits had increased to 557. In 1925 the revisits numbered 1101 and in 1926 the largest number in its history were recorded at 1242.

The interest manifested particularly by the medical profession in this Neuro-Endocrine Clinic has been wide-spread, and as a result medical men from all parts of this country and from Europe have been interested visitors. Among these visitors have been Professor Biedl, who gave a public lecture in connection with the activities of this Clinic; Professor Leopold Levi of Paris; Professor Imamura of the University of Kioto, Japan; Professor Weil of Berlin; Professor Bauer of Vienna and Professor Knut Krabbe of Copenhagen. In addition, many students of the subject from a number of our own universities throughout the country have lent their presence at our Conferences.

The work done at this Clinic embraces a complete examination of each patient with a great deal of time spent on the individual case and much laboratory work involving both biochemical and X-ray examinations. This intensive examination of the patient is rather expensive both as to time and money, but in no other way can such a Clinic be satisfactorily conducted. It also involves a reduction in the number of admissions, for only a limited number of patients can be examined at one session.

In the early life of the Clinic this fact was realized and acted upon, hence no casual work is done at all, but all patients are seen by special appointment.

In connection with the actual clinical examinations, there is held a weekly Conference immediately succeeding the activities of the Clinic, at which interesting and important cases that have been fully examined are presented by members of the Clinical Staff for the whole Staff and visitors to the Clinic. The Director presides at these Conferences and there is a thorough discussion of each case. These Conferences attract many visitors. They are also attended by members of the Post-Graduate Courses of Columbia University that are taking the Neuro-Endocrine lectures.

The public schools of New York, especially instructors of ungraded classes, have sent many children to us; the Social Service Department sends many cases for examination and treatment, in which maladaptability is due to endocrine deficiency; the courts are interested in our work with adolescents; and the other Divisions of the Institute are constantly sending cases to us. Our activity is limited only by the space and time at our disposal.

On the basis of our work many lay institutions have become interested that otherwise might not have attached themselves to the fortunes of the Institute, and the interest of the community generally in the Clinic is increasing day by day.

These nine years of experience, therefore, I think have well merited the confidence and judgment of the Medical Board in the establishment of the Department of Neuro-Endocrinology. The results of the work of this department cannot be tabulated as to "improvement" or "cure," for in a large sense the work is in the field of preventive medicine and constitutional disturbance, rather than in disease processes as such; but in the constantly widening sphere of its activity and influence must its importance be measured.

Respectfully submitted,

WALTER TIMME, M.D.,

Director.

# HOSPITAL and OUTPATIENT STATISTICS

### CASES TREATED IN HOSPITAL AND OUT-PATIENT

	Mala	1925	a Total	Mala	1926	$\epsilon, Total$
4 0		r omai	e, Total	Maie,	r emaie	, I oiai
A—Organic Disease of the Nervous	System					
Abscess						
Brain		1	5	4	2	6
Agenesis, Cerebral	4	2	6	14	4	18
Amyotrophies						
Neuropathic	1	0	1	1	0	1
Myopathy Progressive Musc						
Dystrophy		0	2	10	2	12
Muscular Atrophy		0	<b>2</b>	7	2	9
Pseudo Bulbar Palsy		1	5	3	0	3
Myatonia Congenita (Oppenheir	n) 2	2	4	1	1	2
Amyotrophic Lateral Sclerosis		6	19	16	2	13
Cerebro-Spinal Intoxication, suc	h as					
Botulism, Pellagra, Infe						
Neuronitis	2	1	3	2	2	4
Chorea						
Infectious	_	126	168	124	121	245
Huntington's		1	3	1	1	2
Sydenham's	12	16	28			
Convulsive States General						
(a) Morbid brain condit	ions.					
inflammatory, traum						
degenerative	_	5	8	14	9	23
(b) Of unknown constitu	tion-					
al causes, including						
lepsy		137	289	210	173	383
Deformities (congenital) Spina B		2	11	5	6	11
Degenerations		0	2	12	3	15
Meningocele		2	2	8	4	12
Dystonias, e. g., Oppenheim, T		2	5	2	0	2
Sen		9	23	8	4	12
Encephalitis		81	213	172	111	283
Encephalitis, Epidemic		5	7	6	111	7
Friedreich's Ataxia		6	19	18	7	25
Hydrocephalus		U	19	6	3	25 9
Microcephalus				8	6	14
Meningitis		9	<b>I</b> 7	2	2	4
Pachymeningitis		3	7			_
Cerebrospinal		2	4	2	3	5
Migraine (Ophthalmic)		22	28	16	31	47
Multiple Sclerosis (Dissemir sclerosis)		42	83	43	40	83

		1925			1926		
	Male, F	emale	, Total	Male, Female, Tot			
Myasthenia Gravis	. 0	1	1	1	1	2	
Myelomalacia (including myelitis							
Acute		3	3	0	1	1	
Chronic		3	10 ·	. 3	5	8	
Infectious		1	1	0	2	2	
Transverse		1	2	1	0	1	
Neuralgia, Trigeminal		86	142	58	70	128	
Neuritis		84	165	80	70	150	
Facial (Bell's Palsy)		69	128	75	60	135	
Multiple		14	31	15	8	23	
Alcoholic				2	1	3	
Traumatic, including Birt							
Palsy		2	7	4	2	6	
Diphtheritic	. 3	1	4	3	2	5	
Sciatica	. 117	59	176	95	<b>5</b> 0	145	
Radiculitis	. 5	2	7	1	0	1	
Syphilis, congenital	. 1	2	3	8	7	15	
Neurosyphilis	. 123	61	184	104	45	149	
Tabes	. 61	18	79	45	12	57	
Taboparesis	5	1	6	9	0	9	
Meningo-Vascular	. 6	1	7	4,	1	5	
Juvenile Paresis				3	0	3	
General Paresis	. 31	6	37	36	7	43	
Paralysis Agitans	51	30	81	47	31	78	
Poliomyelitis							
(Subacute)	15	12	27	8	8	16	
(Herpes Zoster)	2	5	7	0	3	3	
Sclerosis-subacute, Combined		11	16	3	3	6	
Syringomyelia	7	4	11	7	5	12	
Spondylitis	13	8	21	16	14	30	
Torticollis Organic		4	12	6	5	11	
Little's Disease	11	7	18	10	7	17	
Tumor, Metastatic	3	9	12	1	7	8	
Brain	75	45	120	68	74	142	
Cord	26	25	51	32	24	56	
Peripheral Nerve	0	3	3	0	5	5	
Vascular Disease							
Focal							
Vascular Degeneration—Cere	e-						
bral		11	17	10	8	18	
Vascular Degeneration—Spin		1	1	2	2	4	
Embolism		2	6	1	1	2	
Hemorrhage, Cerebral		28	68	48	30	78	
÷ ,	40	40	00	40	00	.0	
mitteriobererosis ceresitar :	61	36	97	70	58	128	

		1925			1926	
i	Male,	Female	e, Total	Male,	Female	e, Total
Thrombosis	19	4	23	18	12	30
Aneurysm				1	0	1
Claudication	3	0	3	2	0	2
B—Injuries to Nervous System						
Brain	2	1	3	14	6	20
Spinal Cord	17	3	20	14	7	21
Peripheral Nerve	20	6	26	30	12	42
Brachial Plexus	5	6	11	5	2	7
Fractured Skull	6	2	8	8	4	12
Fractured Vertebrae	3	3	6	2	2	4
C—Endocrinopathies	76	182	258	80	132	212
Thyroid Syndromes	3	6	9	1	21	22
Hyperthyroidism	28	52	89	27	120	147
Hypothyroidism	2	13	15	8	17	25
Exophthalmic Goitre	1	14	15	0	10	10
Goitre				0	15	15
Pituitary Syndromes						
Hypopituitarism	13	22	35	34	50	24
Hyperpituitarism	1	6	7	4	1	5
Paget's Disease				2	0	2
Pituitary Neoplasm	7	8	15	5	7	12
Unclassified				6	4	10
Dyspituitarism	7	5	12	15	9	24
Thymus Syndromes	8	5	13	9	9	18
Status Thymico-lymphaticus	0	1	1	3	4	7
Adrenal Syndromes	0	1	1	2	2	4
Pluriglandular Syndromes	4	11	15	3	17	20
Involutional State	0	46	46	0	108	108
Spasmophilia	1	0	1	2	0	2
Vagotonia	1	2	3	5	4	9
Raynaud's Disease	1	4	5	3	2	5
D—Psychoneuroses	179	272	451	262	346	608
Anxiety Neurosis	115	150	265	120	159	279
Traumatic Neurosis	19	8	27	24	13	37
Hysteria	45	117	162	40	126	166
Neurasthenia	96	126	222	76	90	166
Psychasthenia	49	30	79	25	22	47
Unclassified	0.1	60	44	28	55	83
Vasomotor	21 32	23 19	44 51	21 42	17 41	38 83
Tics	ಶ೫ 6	19	91	4.2	4·1 8	16
Speech Defect	U	2	0	0	0	10

	1925			1926		
	Male,	Female	s, Total	Male,	Femal	s, Total
E-Constitutional Psychopathic States	22	32	54	30	28	58
Alcoholism	11	3	14	16	4	20
Drug Addiction	1	1	2	2	2	4
Paranoid Personality	1	2	3	2	0	2
Inadequate Personality	34	60	94	5	16	21
Behaviour problems of children	62	28	90	145	65	210
F-Metal Deficiency	161	60	221	233	140	373
Borderline	2	5	7			
Imbecile	10	5	15	13	7	20
Idiocy	9	11	20	8	9	17
Morons	11	14	25	10	11	21
G-Psychoses						
Alcoholic	4	1	5	2	3	5
Senile Psychoses	7	11	18	4	8	12
General Paresis (See Neuro Syphilis)						
Exhaustive (Toxic)				3	5	8
Confusial State				1	1	2
Unclassified	18	16	34	7	19	26
Manic Depressive Psychoses						
Unclassified	25	62	87	50	90	140
Dementia Precox						
Unclassified	52	46	98	68	42	110
Involution Melancholia	6	19	25	12	22	34
Simple Depression	22	46	68	33	63	96
Paranoia	5	8	13	3	4	7
Unclassified				1	1	2
H-Non-neurological conditions	326	413	739	444	416	860
Myositis	32	22	54	36	29	65
I-Undiagnosed Cases	157	156	313	105	73	178
Admitted for antisyphilitic treat-						
ment				11	3	14
*Tests	7	3	10	75	31	106

<sup>\*</sup> Patients admitted for laboratory status only, without diagnosis.

# HOSPITAL PATIENTS CLASSIFIED ACCORDING TO NATIONALITY

1	925	1926		1925	1926
Albania	3		Hungary	23	21
Armenia	2	2	Ireland	59	46
Assyria		1	Italy	94	103
Australia		2	Lithuania	. 1	4
Austria	43	55	Malta	. 1	
Belgium	2		Norway	. 3	7
Bohemia	4	2	Poland	. 51	38
Canada	8	18	Porto Rico	. 3	7
China	1	2	Roumania	. 6	17
Cuba	3	_	Russia	147	172
Cecho-Slovakia	2	1	Scotland	. 10	6
Denmark	6	2	South America	. 3	4
England	21	27	Spain	. —	1
Finland	5	1	Sweden	. 16	7
France	3	7	Switzerland	. 1	7
Germany	61	61	Syria	. 1	_
Greece	3	6	United States	1,030	1,004
Holland	4	8	Wales		2
			West Indies	. 7	8

# OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

### From January 1, 1925, to December 31, 1925

	No.	No. of	
	patients	oper.	Deaths
Total number of operations	163	172	12
Total number of operations on the nervous system	156	165	12
Total number of operations on the brain	101	109	8
Total number of operations on the spinal cord	39	40	4
Total number of operations on the peripheral nerves	16	16	0
Total number of miscellaneous operations	. 7	7	0
Operations on the Skull and Brain:			
Craniotomy, removal of temporal lobe tumor	. 1	1	_
Craniotomy, removal of frontal lobe tumor	. 1	1	_
Craniotomy, removal of occipital lobe tumor	. 1	5	
Craniotomy, removal of extradural tumor	. 1	1	_
Craniotomy, subcortical cystic glioma	. 3	5	_
Craniotomy, exploratory, irremovable tumor	. 10	10	1
Craniotomy, exploratory	. 9	9	1
Craniotomy, decompressive	. 7	7	1
Craniotomy, drainage of temporal lobe abscess	. 1	1	_
Craniotomy, division of sensory root for trigeminal			
neuralgia	. 21	21	_
Craniotomy, suboccipital, tumor in cerebello-pontin			
angle		4	_
Craniotomy, suboccipital, crystic or solid tumor	. 6	8	2
Craniotomy, suboccipital, exploratory	. 8	8	1
Craniotomy, suboccipital, drainage of cerebellar abscess	s 1	1	_
Craniotomy, aspiration of cerebellar cyst	. 2	2	_
Craniotomy, injection of air for ventriculograophy	. 10	10	1
Craniotomy, aspiration of ventricular fluid and brai	n		
puncture	. 13	13	1
Craniotomy, aspiration of cyst	. 1	1	_
Craniotomy, puncture of corpus callosum	. 1	1	_
Totals	. 101	109	8

	No. patients	No. of oper. D	eaths
Operations on the Spinal Cord and Nerve Roots:			
Laminectomy, removal of extramedullary tumor	13	14	1
Laminectomy, removal of extradural tumor	2	2	_
Laminectomy, partial removal, intramedullary tumor	-	1	_
Laminectomy, irremovable intramedullary tumor	3	3	1
Laminectomy, adhesive arachnoiditis	2	2	_
Laminectomy, osteoarthritis of vertebrae	. 1	1	
Laminectomy, rhizotomy	. 2	2	
Laminectomy, intradural abscess	. 1	1	1
Laminectomy, exploratory	. 13	13	1
Laminectomy, excision of meningocele	. 1	1	_
Totals	39	40	4
Operations on the Peripheral Nerves:			
Exploration brachial plexus	. 2	2	_
Neurorrhaphy	. 2	2	-
Neurorrhaphy, ulnar nerve		5	_
Neurorrhaphy, ulnar and median nerves		1	_
Neurolysis, sciatic	1	1	_
Neurolysis, ulnar	. 2	2	_
Avulsion, supraorbital nerve	. 3	3	_
Totals	. 16	16	0
Miscellaneous Operations:			
Excision, cervical rib	. 2	2	_
Excision, sinus	. 1	1	_
Excision, fibroma of back	. 1	1	_
Excision, tumor of hand	. 1	1	_
Tenotomy	. 1	1	_
Exploratory laparatomy	. 1	1	_
Totals	. 7	7	0

## OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

### From January 1, 1926, to December 31, 1926

	No.	No. of	
	patients	oper.	Deaths
Total number of operations	199	223	21
Total number of operations, on the nervous system	179	203	21
Total number of operations, on the brain	124	148	20
Total number of operations, on the spinal cord	38	38	1
Total number of operations, on the peripheral nerves	17	17	0
Total number of operations, miscellaneous	20	20	0
Operations on the Skull and Brain:			ŭ
Craniotomy, removal of frontal lobe tumor	2	3	
Craniotomy, removal of temporal cholesteatoma	$\bar{2}$	2	
Craniotomy, removal partial, of chondroma compressing	-	-	
gasserian ganglion	1	1	
Craniotomy, removal partial, of spongioblastoma multi-	_	_	
forme	3	5	1
Craniotomy, transfrontal, evacuation of pituitary cyst	1	1	_
Craniotomy, transfrontal, pituitary cyst adenoma	1	î	1
Craniotomy, transfrontal, craniopharyngeal pouch tumor	ī	3	
Craniotomy, exploratory, irremovable tumor	6	10	1
Craniotomy, exploratory, irremovable medullo-epitheli-	U	10	1
oma	1	1	_
Craniotomy, exploratory	13	14	_
Craniotomy, exploratory, puncture of brain	6	6	1
Craniotomy, exploratory, epilepsy	1	1	
Craniotomy, exploratory, ephepsy	1	1	
Craniotomy, evacuation of ghomatous cyst	1	1	_
compression	11	11	2
Craniotomy, puncture of corpus callosum	2	2	1
Craniotomy, injection of air for ventriculography	12	12	
	4	4	2
Craniotomy, decompressive	4	4	4
Craniotomy, for depressed fracture			_
Craniotomy, for fracture and pneumocephalus	$\frac{1}{2}$	1	_
Craniotomy, brain abscess, drainage	Z	2	2
Craniotomy, division of sensory root, selective or com-	15	15	
plete, for trigeminal neuralgia	15	15	1
Craniotomy, suboccipital, tumor in cerebello-pontine angle, intracapsular enucleation	6	11	1
			1
Craniotomy, suboccipital, removal of medulloblastoma.	1	2	
Craniotomy, suboccipital, partial removal of spongio-	1	,	
blastoma multiforme	1	1	_
	3	5	
blastoma	o	9	_
lioma	1	3	
Craniotomy, suboccipital, evacuation of cystic glioma	•	U	
and cauterization	3	3	_
Craniotomy, suboccipital, exploratory tumor of pons	1	1	1
Craniotomy, suboccipital, exploratory IV ventricle tumor	1	1	i
Cramotomy, suboccipital, exploratory I v ventricle tumor	1	1	1

	No. atients	No. of oper.	Deaths
Craniotomy, suboccipital, exploratory tumor of base,	1	1	1
myxosarcoma	13	17	4
Craniotomy, suboccipital, exploratory puncture of cerebellar lobe	1	1	_
Craniotomy, suboccipital, puncture of cerebellar cyst, evacuation of fluid	2	2	
Totals	124	148	20
Operations on Spinal Cord and Nerve Roots:			
Laminectomy, removal of extramedullary tumor	7	7	
Laminectomy, removal of extradural tumor	6	6	_
Laminectomy, partial removal of extradural tumor.  Laminectomy, intramedullary tumor, irremovable	1	1 1	_
Laminectomy, intramedularly tumor, intemovable  Laminectomy, osteoarthritis of vertebrae	î	î	
Laminectomy, exploratory, neuritis of cauda equina	4	4	_
Laminectomy, exploratory, varicose veins of conus	1	1	
Laminectomy, exploratory, adhesive arachnoiditis	3	3	_
Laminectomy, rhizotomy	2	2	
Laminectomy, exploratory, incision of cord, cystic intramedullary disease	1	1	_
Laminectomy, exploratory, metastatic extradural disease	2	2	1
Laminectory, exploratory	5	5	
Laminectory, miscellaneous	3	3	_
Totals	38	38	1
Operations on the Peripheral Nerves:			
Exploration, brachial plexus	1	1	_
Exploration, neurolysis plexus	1	1	_
Exploration, neurolysis, musculocutaneous	1	1	
Exploration, sciatic	2	2	_
Nerve transplantation	$\frac{2}{1}$	$\frac{2}{1}$	
Neurorrhaphy, radial		2	
Neurorrhaphy, ulnar		5	_
Division of spinal accessory		1	_
Anastomosis, spino-facial for facial paralysis	1	1	_
Totals	17	17	
Miscellaneous Operations:			
Excision of cyst over sacrum	1	1	_
Excision of exostosis		1	-
Osteomyelitis of skull		1	_
Plastic operation on skull defect Ligature aneurism of brachial artery	_	1	
Amputation of finger		î	_
Excision of muscle	. 1	1	_
Transfusion		12	_
Tonsillectomy	. 1	1	
Totals	20	20	

### REPORT OF LABORATORY

To the Trustees of the Neurological Institute:

The volume of work in the laboratory reached its peak in 1925, when 12,374 tests were made, an increase of 55 over 1924, which was the largest previous year recorded. This increase is due, in large measure to the greater demand for basal metabolism estimations, of which 100 more were done in 1925 than in 1924.

The tests in 1926 totalled 11,538. During 1926, a classified record was kept of all patients on whom laboratory examinations were made, according to the following scheme:

Patients	No. of Exams.	Percent of Total
Private	1,286	11.1
Semi-private	1,019	8.9
Ward	4,881	42.3
Dispensary:		
Pay patients	3,981	34.5
Free patients	371	3.2
Total house examinations	7,1	86
Total dispensary examinations	4,3	52

A new and much improved model of metabolimeter was added to the equipment in 1926, to replace the first machine which is now out of date.

The Laboratory prepared 1,000 flasks of dextrose solution in the past two years for intravenous injections.

The personnel has remained unchanged since 1924.

Respectfully submitted,

OLIVER S. HILLMAN, M.D.,

Director.

TECHNICIANS

RUTH SHEVITZ

FLORENCE O'ROURKE

### REPORT OF X-RAY DEPARTMENT

To the Trustees of the Neurological Institute:

There has been no change in the general outlay or equipment of the department for the past two years except for small additions to storage space and dark room equipment.

### NUMBER OF PATIENTS

Hospital:	25 192	6
Private	317 30	0
Semi-private 2	293 22	6
Ward 8	320 105	5
Free 1	19 11	5
-	<b>—1549 —</b>	-1696
Out-Patient:		
Pay Clinic	148 39	8
Dispensary10	130	1
Free 2	290 22	1
_	—1815 —	-1920
Total	3364	3616

This number of patients represents practically our capacity. It would be difficult with our present equipment to care for very many more. Our therapy patients are quite numerous, in fact practically all our therapy appointments are taken for sometimes as much as two weeks in advance. Some of the results obtained are most gratifying.

With the present space available it is, of course, quite out of the question to increase the equipment or personnel so that for the time being at least we will have to be satisfied not to expect any marked increase in the amount of the work done in the department.

Respectfully submitted,

CHARLES WADSWORTH SCHWARTZ, M.D.,

Roentgenologist.

### ASSISTANTS

LUCY ARKETT

MARY J. CONKLING

### REPORT OF THE PSYCHOLOGICAL LABORATORY

To the Trustees of the Neurological Institute:

Undoubtedly, all departments of the Institute show growth during the two-year period which is to be covered by this report, but it is probably doubtful if any one department shows any greater gain than that of the Psychological Laboratory. A general idea of this gain may be gathered from the following table showing the number of patients seen during the last six years. It will be noted that the greatest gain is between 1925 and 1926—a gain of 442 patients.

Year	Patients Tested
1921	944
1922	1,105
1923	1,230
1924	1,485 (a 13-month period)
1925	1,514
1926	1,956

The next largest difference is from 1923 to 1924, which shows a gain of 255 patients. This is not really comparable as the 1924 report covered a period of 13 months, owing to the fact that a change in the fiscal year occurred at that time. In 1925 the fewest number of patients—78—were tested in August, and the largest number—161—in December. In 1926 the lightest month was again August, when 107 patients were seen; the heaviest was October, when we saw 188 patients. None of these figures represent the actual number of tests given as very frequently more than one test is necessary before a satisfactory estimate of the patient's ability is determined.

In other ways the Laboratory has grown. In May, 1925, funds for another psychologist were provided. Two part-time workers, instead of one full-time worker, were obtained. This necessitated the addition of another office. The dividing of one of the third floor rooms resulted in two ideal testing rooms.

One of the most interesting developments in the Laboratory has been the forming of a so-called "Court Clinic." During the fall of 1925 several patients were sent to the Institute by the Court of General Sessions. It seemed advisable to keep these people separate from the general clinics for the good of all concerned. Therefore, in March, 1926, a separate clinic for patients referred by any court or probation officer was established. At first it was held but one morning a week. Beginning with September two mornings have been given to the work

An average of 20 patients a month have been seen. The work has been kept in this Laboratory as in the beginning only psychological tests were desired by the organizations referring them. The value of the psychiatric side was shown and accepted as worth while by these agencies. Dr. Sanger Brown, II, and Dr. Leslie Luehrs have been giving their services to the work.

The type of patient being referred by the various departments of the Institute is about the same. From outside sources we are receiving many more calls than ever before asking for psychological tests only. These we accept and place in the various clinics unless referred by one of our own attending physicians. The majority of these patients give no physical complaint and sometimes resent being referred to a physician. Among the children, there are the school and home conduct problems. Frequently the school difficulty is found to be a child of ability placed too low or a child lacking ability being pushed ahead. In either case, but for differing reasons, the child has too much time on his hands and so finds tabooed ways of amusing himself. Again, as the children are about to graduate from elementary schools, many are referred for advice as to whether they should consider high school, a trade course or enter the industrial field. High school students and some times college students are sent in for analysis as to why poor work is being done. Among the adults come those sent by organizations in the hope that some cause may be found for incompetence as shown in the management of their home or industrial duties. Others come voluntarily; sometimes because they feel they are not bright enough to accomplish some task. Added to these, are those who come wandering in having the idea that psychological work is something mystic connected up with phrenology or a sure cure for any physical or mental twist. To these we try to explain the work of the Institute and especially that of the Psychological Laboratory.

Respectfully submitted,

GLADYS TALLMAN, A.M.,

Director.

### REPORT OF SOCIAL SERVICE COMMITTEE

To the Trustees of the Neurological Institute:

Our Director Mrs. Clarke's detailed report tells of how and where each worker spends her time, and gives the numerical resume of our activities. But no record is kept of the countless extras, in the form of trips and interviews, that lead up to the final contact between Hospital and Patient. Our field is so complex, and by the very nature of the neurological work, so many angles have to be considered in the treatment of our cases, that each satisfactory adjustment is in itself a concrete example of the devotion and ability of our Social Service Department.

We continue to cooperate with the Children's Endocrine and General Clinics, and there is no doubt that the services of another worker would be helpful.

We are very grateful to the Trustees for the \$500 allotted for Emergency Relief and to the Haven's Fund for their contribution. A donation of \$500 has been received through one of the members of this committee. This amount has been turned over to the Endocrine Clinic for research work.

Our Director has re-organized the Department and, through a rearrangement of schedules, has helped to increase its efficiency.

The reports of individual cases would take up too much space—but here is an example of one of the problems we try to adjust:

An eight-year-old girl was brought to our clinic, by her teacher, as she did not speak. Apparently, she understood what was said to her, and her I. Q. proved her to be above the average mentally. She attended speech classes—without success. Our Committee decided to finance the experiment of sending her to a special camp for the summer. She did splendidly there, not only speaking, but taking part in all phases of the camp life, and in fall was able to go back to school, where she is doing good work.

We still find it very difficult to place maladjusted children, whose parents cannot afford to pay and post-encephalitis cases. There is a real need for a home for the latter, as except for the city hospitals, few institutions will take these poor unfortunates.

We take this occasion to thank Miss Rivington, Mrs. Blair and the Co-operative Committee, for their continued support and encouragement. We are equally grateful to the members of the hospital staff for their good will and cooperation.

The members of this Committee have been conscientious in attending the monthly meetings, and in taking personal interest in our hospital activities. We all are eagerly watching the plans and progress of the new Center and look forward to the increased facilities for usefulness which will be opened to us in our new home.

Respectfully submitted,

CAROLA WARBURG ROTHSCHILD,
Chairman.

February, 1927.

### REPORT OF SOCIAL SERVICE DEPARTMENT

To the Trustees of the Neurological Institute:

### General Survey

Since this report covers a two-year period it seems inevitable that one should look back and take stock, as it were. One feels that the work of the department is progressing steadily, but concrete facts and figures are necessary in order to check up on such a general estimate. The following table giving the number of new cases referred to the department in the last four years is interesting and significant:

Year	New Case
1923	578
1924	741
1925	786
1926	902

The work of the department consists of: (1) General Social Service (this term covers all cases referred from the daily clinics held in the dispensary and from the house service), (2) Mental Health Clinic for children.

Again one looks at figures to see if one's feeling regarding the very healthy growth in the general social service part of the work is borne out by the facts of the case. We have no figures for this group alone, but if we consider those for the Mental Health Clinic for Children in connection with the total, it is easy to arrive at the result. The following table gives the number of new cases studied in the last four years in the Mental Health Clinic for Children:

Year									N	e	7	<b>9</b>	Ca	ıse	es
1923.												1	14	,	
1924.												1	59	)	
1925.												1	33	;	
1926.												1	34	,	

Comparing these figures with the total number of new cases referred as shown in the first table, one sees that the increase of work in the department in the last two years has been on the general social service side. This is gratifying for it shows as a demonstrable fact the increased use of social service by the medical staff. Furthermore, may not these figures be interpreted in a larger sense as showing the general trend of modern medicine—that trend toward the complete integration of medical and social forces working on the patient's behalf to effect his rehabilitation?

It must be remembered that there are many children coming to The Neurological Institute who are not problem children, but who need just as much close follow-up as they, and there are many adult patients who benefit greatly by intensive social service care. At present the general social service is carried by two workers, Miss Rainey and Miss Voorhees. Each has three afternoon clinics a week and in addition Miss Rainey carries the ward service and Miss Voorhees the Endocrine clinic. Some extremely interesting cases are referred to general social service and with another worker the medical staff would no doubt feel justified in referring even more.

To return to statistics for the last two years, the following table shows clearly the progressive trend in the work of the department:

New cases	6 902
Average monthly intake of new cases	7 250
Total yearly visits	5 1520
Clinics attended by workers:	
Mental Health Clinic for Children 8	
Daily Clinics	6 345

In considering these figures it is well to remember that our service is not districted—that many patients come to The Neurological Institute from Greater New York as well as from other States. In the Social Service Department this means, for instance, that a visit to one of the outlying parts of the city for the purpose of obtaining a social history may take up the greater part of a day.

### Changes in the Department

The year 1925 was a somewhat broken one. At the beginning of January the additional worker who had been provided through the kindness of the Cooperative Committee resigned on account of illness, and it was not until the middle of February that the department was able to secure a new worker—Miss Voorhees.

Miss Rainey was sick from April 20th to May 9th, and following this was away for a trip to Europe from May 16th to the end of June.

The Director, Miss Tobin, resigned in October. Her place was taken on the 19th of the month by Mrs. Clarke.

In contrast to 1925 the year following it was one of good, steady work with practically no interruptions. Certain changes in the administration of the department were made by the new Director, changes which have enabled a greater amount of work to be handled with less effort. Certain details in method of work—particularly in the matter of record-keeping—have been modified to the same end.

### Mental Health Clinic for Children

The total number of visits made to this clinic in 1925 was 532; in 1926, 496 visits were made. One change in administration which has helped matters considerably was the division of this clinic into two clear-cut sections, apportioning certain children to each and having a definite appointment system. The Director took charge of the Saturday session and on this day most of the cases referred from social agencies attend, the social histories being obtained and the psychiatrist's recommendations carried out by the worker bringing the case. In addition to these cases there are other children who attend on Saturdays, including those who are adjusting fairly well but who need periodic supervision.

The Wednesday session of the clinic is in charge of Miss Crothers, who is now able to follow up closely the children most in need of such service.

The Mental Health Clinic continues under the direction of Dr. Sanger Brown, 2nd. Until October, 1925, he was assisted by Dr. Storrs on Wednesdays, while Dr. Vieth attended the Saturday sessions. Dr. Vieth, who had been coming to the clinic from Letchworth Village for nearly three years, was then unable to continue and Dr. Storrs took his place on Saturdays. Dr. Willey, of Pennsylvania Hospital, Philadelphia, assisted Dr. Brown on Wednesdays from October to the end of the year. Dr. Katz then succeeded him and is still working with Dr. Brown. The services of Dr. Vieth and 'Dr. Willey were highly appreciated in the clinic and The Neurological Institute feels much indebted to them.

It may be of interest to note that small groups of children have been presented by Dr. Brown at conferences of medical students held at Cornell Clinic. The total number of children treated in this clinic since it opened in 1921 is 653—December, 1926.

### Experiments

At the beginning of 1925, at the request of Dr. Pardee and Dr. Davis, a report covering the work on convalescence of the Institute in 1924 was prepared, showing different types needing convalescence.

In January, 1925, Miss Tobin spoke to a study group of teachers on the "Significance of the Minor Neuroses of Children." She also spoke in March at the Children's Welfare Federation on the work of The Neurological Institute.

In February, 1926, the Director spoke to the Cooperative Committee on the work of the Social Service Department. In March, she prepared the pamphlet, "Mental Hygiene, Social Service, The Neurological Institute," and on several occasions has assisted in the preparation of certain newspaper articles in connection with publicity for

the Medical Center. In December, 1926, she collaborated with Dr. C. L. Dana in the preparation of an article for the magazine, "Hospital Social Service" on "Social Service Work in Connection with Diseases of the Nervous System."

At the end of May, 1926, the Director attended the annual conference of social work held in Cleveland.

The department aims to keep up to date in all developments in the mental health field and the general activities of psychiatric social work. To this end we have found time to attend many of the Mental Hygiene lectures at the Academy of Medicine (for which two tickets were provided through the kindness of the Cooperative Committee) and most of the Round Table meetings in psychiatric social work.

Furthermore, three of our staff have taken special courses. Miss Rainey attended an eight months' course in neuro-anatomy at the College of Physicians and Surgeons, Miss Crothers took a three months' course of weekly lectures on the "Theory of Social Case Work" at the New York School of Social Work, and Miss Voorhees attended weekly a "Vocational Course in Psychiatric Social Work" held at the Bureau of Children's Guidance.

### Volunteer Service

In 1925 the Social Service Department received valuable help from two volunteer workers who gave their services in connection with the Mental Health Clinic for Children. Miss Florence Martin, a student of psychology at Columbia University, gave two mornings a week during March and April, and Mrs. Charles Zabriskie one morning a week in November and December.

In January, 1926, another student from Columbia, Miss Edna Newbatt, gave us two half-days a week for just over a month. In July and August, 1926, Miss Alice Davis, a Wellesley Junior, assisted the department very markedly by coming whenever her help was needed and doing most conscientiously whatever was requested of her. Miss Ruth Weinberg, a Wellesley graduate, came to us in December, 1926, in response to a special need for clinical assistance in connection with an anthropological study being made in the Endocrine Clinic in cooperation with the American Museum of Natural History. She attends the clinic weekly and her services are much appreciated.

Our thanks for many kindly services, continuous and helpful interest, are due to the Superintendent, Miss Rivington; Miss Dwyer, the Superintendent of Nurses; the Clinic Executives and the whole medical staff; all have helped to make our work as pleasant and smooth-running to ourselves as we hope it has been helpful to them and to the patients attending the Institute. Particularly do we thank the Social

Service Committee, who have worked so closely with us on many difficult cases, whose kindly interest, advice and often financial assistance have enabled us to secure the ends at which we were aiming in any particular case.

We also wish to express our thanks to Mrs. John Blair, who is always mindful of our needs, and the Cooperative Committee, who include Social Service among their many interests in the hospital.

EDITH H. CLARKE,

Director.

### DONATIONS TO THE SOCIAL SERVICE **DEPARTMENT DURING 1925**

### HAVENS FUND

Through Mrs. John Blair	\$150.00	
EMERGENCY FUND		
This fund is received by special appropriation of the Board of Trustees and may be supplemented by contributions.		
Balance on hand January 1st, 1925	380.00 18.00	\$398.00
Paid from this fund January 1st, 1925, to Decem-		
ber 31st, 1925\$451.14  Deficit drawn from Hospital Account		53.14
Total	-	\$451.14
SPECIAL DONATIONS		
Contributions for Case A. L.:  Mrs. Russell C. Leffingwell  Mrs. Walter N. Rothschild	50.00 50.00	\$100.00
Contributions for Case E. H.:  Mrs. Walter N. Rothschild	\$120.00	120.00
Christmas Fund: Social Service Committee	\$ 36.00	36.00
For Boys' Shoes: Mrs. J. S. Browning	\$ 2.00	
Mrs. E. T. H. Talmage, Jr	1.00	
A Friend	.50	4.50
Miscellaneous: Two theatre tickets from a friend	\$ 1.20	
Mrs. Smith	2.00	3.20
Total		\$263.70

### GENERAL DONATIONS

Clothing:
Mrs. Ferdinand Jelke.
Mrs. Edward P. Farley.

Mrs. Solon. Miss Ludlam.

A Friend.

Two dial radio:

Mrs. Ferdinand Jelke.

### DONATIONS TO SOCIAL SERVICE DEPARTMENT **DURING 1926**

### HAVENS FUND

Through Mrs. John Blair	\$150.00
EMERGENCY FUND	
Balance on hand January 1st, 1926-Appropriation by Board	

of Trustees .....

Contributions:		
Mrs. Edward P. Farley	80.00	
Mr. J. L	57.00	
Cooperative Committee	50.58	
Miss M. L	6.30	\$693.88
-		

Paid from this fund January 1st, 1926, to December 31st, 1926 300.70 Balance on hand December 31st, 1926..... \$393.18

### SPECIAL DONATIONS

Contributions for Case M. F .:

Clothing, automobile transportation to and from clinic and lunches, Mrs. Edward P. Farley.

Contributions for F. Family:

Christmas basket, clothing and toys, Mrs. L. R. Hoover.

For Case M. L .:

Miss Carlotta Nicoll	\$ 20.00	\$ 20.00
Christmas Fund:		
Private patient—through Dr. Sanger Brown, 2nd	\$ 25.00	
Mrs. Walter N. Rothschild	10.00	
Mrs. J. Horton Ijams	5.00	\$ 40.00

### GENERAL DONATIONS

Clothing:

Mrs. E. T. H. Talmage, Jr. Mrs. J. Horton Ijams. Miss Mildred A. Voorhees. Toys:

Mrs. E. T. H. Talmage, Jr.

\$500.00

Baby carriage:

Mrs. S. Brickman.

## REPORT OF OCCUPATION THERAPY DEPARTMENT

To the Trustees of the Neurological Institute:

The department has had unusually busy years, but the volunteer workers and entertainers have lightened the load and brought inspiration and cheer. Baskets have been made, many hospital chairs caned and great piles of treatment, census and other cards have been printed for use in hospital, chiefly by the men patients. Other types of work which appeals to both men and women, are clay modelling, wood carving, decorative painting and weaving. Tooled leather work, including the fashioning into purses, card cases and book covers is particularly interesting to women.

Some patients have to be coaxed and urged to work at all, and will only try to do the simplest types, such as rake knitting, preparing rags for weaving and perhaps a little crocheting and embroidery. A number of articles have been sold for the benefit of the department, but usually the patients are so proud of their achievements, they want to take their completed articles home.

The therapist has charge of all patients who come to the roof and the children have to be amused or interested, so the gift of a completely equipped Chatauqua desk has been a great help. Through the generosity of Miss Mabel Choate, we have had a delightful concert every month, given by the Hospital Music Association. Mrs. H. A. Riley, Chairman of our Entertainment Committee, has arranged a weekly musical or play. Several other friends have helped with the work and music and brought useful gifts for the Department.

The Cooperative Committee arranged a very lovely Christmas party each year and there was such a spirit of friendliness and good cheer, that it helped very much to relieve the loneliness of a Christmastide in the hospital.

Respectfully submitted,

ANN F. GORMLY, Occupation Therapist.

### REPORT OF OUT-PATIENT DEPARTMENT

To the Trustees of the Neurological Institute:

For the first eight years of its existence the out-patient department was limited to the afternoon hours. But the great public interest in nervous diseases which developed during and following the war, made it mandatory to inaugurate daily morning clinics, to relieve the congestion in the afternoon clinics. In addition, by making the morning clinics pay-clinics, it supplied a want for those persons who preferred to pay a small fee, rather than the nominal fee of the afternoon clinics. For two years, night clinics have been conducted to provide for those whose business and domestic duties make attendance at the day clinics impossible. Despite this expansion, the out-patient department has run beyond capacity, in the number of patients which can be adequately handled. Although the crowded state of the clinic is well known, the demand continues to exceed the possibility of caring for those desiring admission. Patients are turned away daily. The popularity of the clinic is based upon the satisfaction of present and former patients. And this satisfaction is due, we believe, to the painstaking examinations and the effective treatments.

It has long been the policy of the out-patient department once the diagnosis of a case was made, to do something for the patient, as indicated, and not simply send them away with a prescription or bottle of medicine. The out-patient department has devoted more space, proportionately, to treatment, we believe, than any hospital in the city.

From its beginning (sixteen years ago), the Neurological Institute has used and advocated various forms of physical therapy. It is gratifying to learn that during the past year the American Medical Association has recognized the importance of interesting itself officially in such therapy and has formed a Council of Physical Therapy. Physical therapy includes massage, hydrotherapy, mechano-therapy, various modalities of electricity, various forms of applications of light and heat. It is but one branch of the treatment employed in the outpatient department.

The psychological treatment for the mal-adjusted child and adult, wherein they are helped in straightening out the tangled problems of life, is another branch of therapy. By this many are aided in acquiring a true perspective of life and a possible psychoneurosis or depression prevented or improved. Psychiatric supervision for mild or convalescent psychoses, is carried on in the out-patient department.

Medication, the other branch of treatment, is used sparingly and only where specifically indicated. Of those treated with medication,

probably the most important group is that composed of those suffering from syphilis of the central nervous system. By the early detection of this disease, untold suffering is prevented. Undiscovered, many of these cases would probably develop general paralysis of the insane, or locomotor ataxia. The former is now known to be a form of syphilis of the brain, and the latter, the effect of syphilis upon the spinal cord. During 1925, 1,222 treatments were given this group; during 1926, 1,092 treatments were given.

A group of patients which is applying to the out-patient department in increasing numbers, consists of those suffering from epilepsy. Epilepsy is no longer regarded as a disease, but a symptom. These cases are carefully investigated as to possible cause. If necessary, they are sent into the hospital for study and referred back to the clinic for continued observation and treatment. Whatever the cause—toxic state, endocrine disorder, syphilis, tumor, trauma—the after-care and treatment is carried out in the out-patient department.

The summaries for the years 1925 and 1926 are as follows:

The summaries for the years 1929 and 1920 are as	TOLLOWS.	
71.1	1925	1926
Afternoon clinic:		
New patients	4,006	4,009
Re-examinations	7,806	7,451
Morning Pay Clinic:		
New patients	1,930	1,876
Re-examinations	1,457	1,399
Night Pay Clinic:		
New patients	467	462
Re-examinations	446	427
Endocrine Clinic:		
New patients	256	219
Re-examinations	1,101	1,242
Civil to Montal Health Cilinia.		
Children's Mental Health Clinic:	108	105
New patients	197	135
Re-examinations	428	364
Total number of new patients	6,856	6,701
	11,238	10,883

Those most interested in the out-patient department are extremely hopeful that the campaign now on to provide adequate quarters and equipment for the department, will be successful.

Respectfully submitted,

C. BURNS CRAIG, Chairman, Out-Patient Clinic.

### REPORT OF SUPERINTENDENT OF NURSES

To the Trustees of the Neurological Institute:

The years 1925-1926 have been rather uneventful in the nursing service at the Institute. Owing to the State law requiring all nurses practising in the State, to become registered, it had been increasingly difficult to secure and keep post-graduate students. We finally found it necessary, if we were to maintain an adequate nursing service, to employ only graduate nurses and a number of trained attendants to do the routine ward work. This system has worked out fairly satisfactorily, and we have very few changes in the nursing personnel.

We are looking forward now to our new quarters at the Medical Center, and will there be able to accommodate a number of affiliated and post-graduate students. Three top floors of the new hospital, as well as a roof and pent-house for recreation, have been planned for the nurses' quarters. Special instruction and training will be given in neurological and border-line mental diseases. Through our close connection with the group of hospitals in the medical center, eminent specialists in all fields of medicine will be focussed on the neurological case, and expert teaching should be available for the student nurse as well as the physician.

We wish to express our appreciation for the continued interest of Mrs. Timme, Chairman of the Nursing Committee, and her co-workers, who have supplied the nurses' home with the nursing journals, several books of reference have been added to the library and a number of books of fiction. Many theatre, opera and concert tickets have also been sent from time to time, and have given a great deal of pleasure.

We appreciate also the kindness of the physicians and surgeons in taking care of our sick nurses.

Respectfully submitted,

GERTRUDE M. DWYER, R.N.,
Superintendent of Nurses.

### SUPERINTENDENT'S REPORT

To the Trustees of the Neurological Institute:

The past two years have been brimful of work and interest, but the struggle has been even greater because of the increasing number of patients who come to us for help, and much time is lost trying to appease the ones who have to be turned away for lack of room, while the personnel is trying very hard to carry on until the new hospital is available. It is only through the closest cooperation that so much work can be accomplished in these cramped quarters. A few outstanding incidents of devotion should be noted. Dr. Schwartz, Director of our X-ray Laboratory, has donated his salary to the work of the hospital, while Dr. Hillman, to increase the efficiency of his laboratory, presented an up-to-date metabolimeter. Perhaps our most notable achievement has been a unit filing system for hospital and out-patient records, introduced about two years ago, which is working very smoothly and intelligently.

We deeply mourn our great loss in the tragic death of one of our brilliant young men, the gallant Dr. Sante Naccarati.

With keen appreciation for the help and cooperation of the Board of Trustees, Cooperative Committee, Medical Board and Staff and Personnel of the hospital.

Respectfully submitted,

ESTHER F. RIVINGTON, R.N., Superintendent.

### **SUMMARY**

### Patients Admitted to the Hospital

Private-	1926	1925	1924
Male	153	143	216
Female	151	152	214
Semi-Private— Male	130	134	70
Female	197	208	160
Ward—			
Male	576	553	544
Female	343	335	317
Free— Male	56	57	70
Female	38	45	33
Total	1,644	1,627	1,624
Number of Patie	ent Days		
Private	5,874	5,798	5,702
Semi-Private	6,701	6,277	} 20,307
Ward	12,830	12,830	)
Free	2,879	2,223	1,816
	28,353	27,128	27,825
Dispensary P	atients	·	
Number of new patients	4,009	4,006	4,134
Revisits	7,451	7,806	5,793
Free	892	979	1,039
Treatments given	18,871	21,161	19,739
Free	2,395	2,637	2,473
Morning Pay	Clinic		
New Patients	1,876	1,930	2,391
Revisits	1,399	1,457	1,904
Treatments given	10,378	12,382	14,858
Evening Pay	Clinic		
New Patients	462	467	568
Revisits	427	446	302
Endocrine Week	lu Clinic		
New Patients	219	256	205
Revisits	1,242	1,101	462
Children's Mental H	Health Cl	inic	
New Patients	135	197	141
Revisits	364	428	368
Evening Treatme	ant Clinic	1	
Treatments given	7,527	6,799	7,374
Free	418	444	713
Salvarsan Bir		1 000	050
Treatments given	1,092	1,222	958
Average days stay per patient	17	161/2	16
Daily average cost per private patient	8.84	10.97	9.29
Daily average cost per ward patient	5.77	5.86	5.13
*Average cost per dispensary visit	1.03	.811/3	.881/2

<sup>•</sup> Increase due to greater number of X-Ray Laboratory Examinations.

### TREASURER'S REPORT

To the Trustees of the Neurological Institute:

We have made an examination of the accounts of The Neurological Institute of New York for the year ended December 31, 1926, and have prepared therefrom the following statements:

Account No. 1—Balance sheets, December 31, 1926, and December 31, 1925.

Account No. 2—Statement of income and expenses for the years 1926 and 1925.

Schedule A-Details of expenses for the years 1926 and 1925.

Schedule B—Condensed statement of income and expenses for the fiscal years ended November 30, 1922, 1923 and 1924, and December 31, 1925 and 1926.

### RESULTS OF OPERATIONS

The excess of expenses over income was \$46,675.80, as compared with \$43,888.87 for the year 1925, an increase of \$2,786.93, as set forth in the following summary:

	1926	1925	Increase or *Decrease
Income:	1020	1020	Decrease
From patients	\$267,154.67	\$255,213.24	\$11,941.43
Sundry	2,407.30	1,811.80	595.50
	\$269,561.97	\$257,025.04	\$12,536.93
Expenses:			
Administration expenses	\$ 20,119.38	\$ 20,761.60	\$ *642.22
Professional care of patients	155,762.24	142,291.74	13,470.50
Departmental expenses	113,390.09	109,890.67	3,499.42
General house and property expense	22,428.57	23,157.41	*728.84
Interest on mortgage	4,537.49	4,812.49	*275.00
	\$316,237.77	\$300,913.91	\$15,323.86
Excess of expenses	\$ 46,675.80	\$ 43,888.87	\$ 2,786.93

Further analysis indicates that the increase in income of \$12,536.93 is mainly due to increased receipts from those patients who might be expected to pay for all services, but the increased income is accompanied by a proportionately greater increase in expense directly related to the care and attendance of patients.

Inspection of statistics compiled at the hospital, exclusive of outside patients, reveals a total number of free patient days of 4,651 for

1926, as compared with 2,223 for 1925, an increase of 2,428 patient days, representing the increase in free treatment supplied. There is included in these figures the amount of treatment for which charges of \$1,537.42 have been classed as uncollectible. The increase in excess of expenses over income may, therefore, be attributed to the increase in free treatment supplied.

As heretofore, the additional amounts advanced for epilepsy and multiple sclerosis research during the year have not been included in expenses, inasmuch as these activities do not form a part of the ordinary activities of the Institute and since we understand these investigations are covered by specific donations.

### BALANCE SHEET

Accounts Receivable-\$76.75:

The charges for services rendered to patients are not taken into income until they have been collected. In accordance with this practice, a reserve for possible losses in collection equal to the amount of accounts receivable (uncollected charges) was set up in the balance sheet at December 31, 1925. Of the amount then outstanding, \$1,778.02, \$239.12 was collected during the year 1926, and the balance, \$1,537.42, has been written off.

The total of the charge accounts for the year 1926 was \$2,296.05, of which \$681.88 was collected and \$1,537.42 is deemed uncollectible, leaving a balance of \$76.75 which, having been collected since January 1, 1927, is set up in the balance sheet as an asset.

### CO-OPERATIVE COMMITTEE

At the request of the treasurer of the Institute and the treasurer of the Co-operative Committee, we have inspected the cash account of the Committee for the purpose of verifying its receipts. Records were not available by which every detail could be verified, but we are satisfied from the inspection of the records submitted to us that the cash received by the Committee has been accounted for.

We understand that it is the treasurer's intention to provide suitable vouchers for both receipts and disbursements. These should render the Committee's record susceptible to a ready verification.

We are, dear Sir,

Yours faithfully,

TOUCHE, NIVEN & CO.,

Accountants.

THE NEUROLOGICAL INSTITUTE OF NEW YORK Balance Sheets, December 31, 1926, and December 31, 1925

December 31, 1925	\$ 681.20 1,778.0£ 1,778.02	48.05	\$ 729.25 \$ 7,522.37 233,227.42	19,602.89 10,850.68	271,203.36 \$ 201.96 3,660.00	3,861.96	\$275,794.57	\$ 22,390.76 1,168.74 330.11	\$ 23,889.61 85,000.00	\$437,568.71	\$226,774.88	43,888.87 270,663.75 166,904.96	\$275,794.57
56	<del>99</del>		\$ 1,273.03		271,969.68	4,217.55	\$277,460.26		\$ 16,819.75 80,000.00		\$22	180,640.51 4	\$277,460.26
December 31, 1926	\$ 1,196.28	76.75	\$ 7,516.37	20,347.11 10,878.78	\$ 557.55			\$ 15,536.25 1,099.98 183.52		\$497,980.06	<i>10</i>	46,675.80 317,339.55	
Д	\$ 76.75	:	; ;	- <del>i</del> g ::	::			:::	÷	:	\$270,663.75		
ASSETS	Cash	Sundry debtors	Fixed Assets: At cost: X-Ray equipment	As inventoried November 30, 1924, plus subsequent additions, at cost: Furniture and fixtures	Deferred Charges to Future Operations: Prepaid insurance		LIABILITIES	Accounts payable	Mortgage Indebtedness, payable April 1, 1927, 542%	I are avose of expanses over income.	1st	Account No. 2	ic t

# THE NEUROLOGICAL INSTITUTE OF NEW YORK

# Statement of Income and Expenses for the Years 1926 and 1925

Total 1925	96,796.06 47,261.32 45,479.45 65,676.41	255,213.24	812.61 134.84 864.35	257,025.04 300,913.91	43,888.87
Total	8,996.57 \$108,520.40 \$ 3,839.97 50,370.00 2,829.94 47,373.78 5,693.79 60,890.49	267,154.67 \$	875.75 1,064.44 467.11	\$269,561.97 \$257,025.04 316,237.77 300,913.91	\$ 46,675.80 \$ 43,888.87
Sundry X-Ray services and reatments examinat'ns	\$ 8,996.57 \$ 3,839.97 2,829.94 55,693.79	\$71,360.27	•	99	i <del>ss</del>
Special X-Ray services and nursing treatments examinatins	38,379.89       \$ 3,147.00       \$ 8,996.57       \$108,520.40       \$ 96,796.06         9,160.29       1,603.50       3,839.97       50,370.00       47,261.32         3,117.02       1,908.20       2,829.94       47,373.78       45,479.45         5,196.70       55,693.79       60,890.49       65,676.41	\$133,281.80 \$50,657.20 \$11,855.40 \$71,360.27 \$267,154.67 \$255,213.24			
	\$38,379.89 9,160.29 3,117.02	\$50,657.20			
Board and attendance	\$ 57,996.94 35,766.24 39,518.62	\$133,281.80			
Income:	Private patients       \$ 57,996.94       \$38,379.89       \$ 3,147.00       \$ 8,996.57       \$ 108,520.40       \$ 96,796.06         Semi-private patients       35,766.24       9,160.29       1,603.50       3,839.97       50,370.00       47,261.32         Ward patients       3,117.02       1,908.20       2,829.94       47,373.78       45,479.45         Outside patients       5,196.70       55,693.79       60,890.49       65,676.41	Sundry income:	Sales of hospital supplies Interest received Income from sundry sources	Expenses, per Schedule A	Excess of Expenses

### THE NEUROLOGICAL INSTITUTE OF NEW YORK

### Details of Expenses for the Years 1926 and 1925

	1926	1925	1925		
Administration Expenses:					
Salaries—officers and clerks	\$ 13,	,689.22	\$	13,870.25	
Office expense		209.79		1,403.74	
Stationery, printing and postage		,258.46		1,240.00	
Telephone and telegraph	4.	,961.91	_	4,247.61	
	\$ 20	,119.38	\$	20,761.60	
			_		
Professional Care of Patients:					
Salaries and wages		,018.90	\$	70,862.66	
Medical and surgical supplies		,090.66		8,322.43	
Dispensary		,062.52		32,946.54	
Operating room		,726.45		3,952.37	
X Ray		,495.24		9,107.40	
Psychological laboratory		,373.36		6,276.43 10,823.91	
Pathological laboratory	10	,995.11	_	10,625.91	
	\$155	5,762.24	\$	142,291.74	
Departmental Expenses: Housekeeping:					
Wages\$1	7,350.35	\$17	,567.95		
Supplies, cleaning, etc	5,399.18		,268.82		
Supplies, cicaning, ecc					
	\$ 25	2,749.53	9	23,836.77	
Kitchen	Į.	5,651.16		5,935.37	
Laundry	:	9,992.74		10,154.08	
Steward's department:					
Labor\$	1,405.50	\$ 1	,340.00		
Bread	2,047.53		,890.95		
Milk and cream	6,701.89		,868.92		
Groceries	8,962.50		,963.95		
Butter and eggs	9,479.75		3,869.30		
Fruits and vegetables	5,312.75		5,485.08 5,372.07		
Meat, poultry and fish	18,146.72		,012.01		
	5	2,056.64		48,790.27	
Occupation therapy		2,529.64		2,653.03	
Social service:					
Salaries\$	9.392.20	\$ 9	9,271.25		
Rent	1,400.04 593.72		1,399.32 1,490.89		
		1,385.96		12,161.46	
Publicity committee		9,024.42		6,359.69	
	\$11	13,390.09		\$109,890.67	

### THE NEUROLOGICAL INSTITUTE OF NEW YORK

### Details of Expenses for the Years 1926 and 1925

	1926		1925	
General House and Property Expens	es:			
Rent	\$	6,570.00	\$	6,154.00
Electricity, light and power		3,396.63		3,419.06
Fuel, oil and waste		4,053.45		4,052.18
Gas and ice		2,452.95		2,321.76
Maintenance:				
Wages of engineer and assistant\$	2,407.66	\$	2,324.72	
Property and equipment	1,728.49			
Machinery and tools	458.84			
Plumbing and steam lines	359.20		722.24	
_	\$	4,954.19	\$	6,483.91
Insurance		1,001.35		726.50
	8 :	22,428.57	8 :	23,157.41
Interest on mortgage	\$	4,537.49	\$	4,812.49
TOTAL EXPENSES, carried to Ac-				
count No. 2	\$31	16,237.77	\$30	00,913.91
			7-	,

# OF INCOME AND EXPENSES FOR THE THREE YEARS ENDED CONDENSED STATEMENT

## December 31, 1924, 1925 and 1926

1363													5,954.99	\$47,236.09
s of Expen	1924. 1925.	\$6,547.26	6,242.94	283.21	3,349.55	2,469.42	273.72	4,130.91	4,681.96	4,109.00	3,364.89	5,309.39	2,254.71	\$43,016.96
Exce	1924.	\$1,425.21	790.06	792.86	651.75*	419.50	1,710.16*	2,055.79	2,146.57	1,594.91	1,089.35	40.37	579.78	\$8,572.49
	1926.	\$ 28,238.32	24,056.96	26,889.70	25,915.22	26,409.50	26,453.94	25,570.70	25,673.40	25,963.25	27,061.12	26,808.36	27,680.84	\$316,721.31
Expenses.	1925.	\$ 26,133.44	22,823.02	24,106.59	25,554.34	25,071.14	24,040.03	23,774.83	24,474.23	24,618.10	27,476.18	26,422.47	26,107.59	\$300,601.96
	1924.	\$ 22,466.00	22,948.08	22,251.05	22,781.22	22,968.06	22,578.08	22,766.43	22,421.70	21,488.96	20,531.37	22,771.28	22,650.17	\$268,602.40
	1926.	\$ 22,809.92	20,205.75	24,215.84	21,378.47	25,464.89	23,745.08	20,352.43	21,480.05	20,769.32	23,423.19	23,914.43	21,725.85	\$269,485.22
Income.	1925.	\$ 19,586.18	16,580.08	23,823.38	22,204.79	22,601.72	23,766.31	19,643.92	19,792.27	20,509.10	24,111.29	21,113.08	23,852.88	\$257,585.00
	1924.	\$ 21,040.79	22,158.02	21,458.19	23,432.97	22,548.56	24,288.24	20,710.64	20,255.13	19,442.02	19,894.05	22,730.91	22,070.39	\$260,029.91
		January	February	March	April	May	June	July	August	September .	October	November .	December .	

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\*Excess of Income.

Financial contributions are gratefully acknowledged from those named below, during the years 1925 and 1926:

A Friend (Through Dr. Junius W. Stephenson)

Anonymous

Anonymous Anonymous

Anonymous

Mrs. Abraham Abrams Mr. C. W. Ackerman

Mr. Benton E. Adams Mrs. Elbridge L. Adams

Miss Edith Adler

Mr. Nathan Agar

Mrs. Richard Aldrich

Miss Agnes Alexander Mrs. Nellie R. Alexander

Mr. Frederick W. Allen Altman Foundation

B. Altman & Co.

Mr. J. Sinclair Armstrong

Mrs. R. G. Babbage Balfour, Williamson & Co.

Mrs. J. R. Ballerstein

Mrs. Ira Leo Bamberger Mrs. Dora K. Barnes

Mr. James W. Barney

Mrs. Dwight J. Baum

Mr. Edward Bayer Mr. Abraham Beller

Mr. Arthur D. Berliss

Mrs. Milton Bernstein

Best & Co.

Mr. William Biglow

Mr. C. C. Billings

Mr. Alex. M. Bing Mr. Max S. Birkhann

Mr. Charles N. Black

Mrs. Diana Block

Mrs. Henry Block

Bloomingdale Brothers Mr. Francis Blossom

Mr. Reginald Bonner

Bonwit, Teller & Co.

Mr. Albert C. Bostwick

Mr. Charles Boucher

Mr. M. C. Bouvier

Mr. James E. Briggs

Mrs. Maurice Brill

Mr. Middleton S. Burrill

Mr. Charles S. Butler

Mr. Joseph L. Buttenwieser

Mr. James Byrne

Mrs. H. L. Cammann Judge George A. Carden

Mrs. G. Lister Carlisle, Jr. Mr. Ernest Trow Carter

Mr. and Mrs. Robert J. Cary

Mr. Henry Phelps Case

Mr. Robert M. Catts

Mr. A. Chaimowitz

Mr. John Jay Chapman

Mrs. N. J. Chester

Mr. Starling W. Childs

Mrs. Joseph H. Choate

Miss Mabel Choate

Mr. Hendon Chubb

Mr. Percy Chubb

Mrs. Donaldson Clark Mr. F. Ambrose Clark

Mrs. George C. Clark, Jr.

Mrs. J. Francis A. Clark Mr. Stephen C. Clark

Mrs. William P. Clyde

Miss Marie F. Coddington Miss Alice Coffin

\*Mr. Charles A. Coffin Mr. Samuel D. Cohn

Mrs. Richard M. Colgate

Mr. William Colgate

Miss A. M. Condit

Miss Jean Conklin Mrs. Henri Conrad

Mrs. Charles H. Coster

Miss Elizabeth S. Crafts

Mr. Charles W. Crane Mrs. George A. Crocker

Mrs. H. S. Cullman

Mrs. Edward Curtis

Mr. Franklin W. M. Cutcheon

Mr. William G. Broadway Miss Bertha G. Brooks Mr. Frederick Brooks Mrs. Alfred Brosseau Mr. Alfred L. Brown Miss Caroline T. Burkham

<sup>\*</sup> Deceased.

Mr. Charles Suydam Cutting Mr. R. Fulton Cutting Mrs. Max Danziger Mr. William H. Davidge Mr. Preston Davie Mr. Gherardi Davis Mr. George W. Davison Mrs. Marius de Brabant Mr. H. W. de Forest Mr. Selden Peabody Delany Mrs. B. E. De Sola Miss Angela Diller Mr. Clarence Dillon Mr. J. R. Dilworth \*Mr. Cleveland H. Dodge Mr. Otto L. Dommerich Rev. Samuel M. Dorrance Mrs. E. D. Douglas Mrs. F. H. Douglas Mrs. William P. Douglas Mr. John Drew Mr. Morris Drey Miss Ethel DuBois Mrs. Matthew DuBois

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### Appropriations from Commonwealth Fund:

	1925	1926
For Multiple Sclerosis Research\$6	,175.00	\$5,930.00
For Epilepsy Research 3	,640.00	5,369.00
From United Hospital Fund\$1	,671.59	\$2,831.50
From Mrs. Walter N. Rothschild:		
For Special Research\$	500.00	
Interest to December 31, 1926	8.10	
		\$ 508.10

### BENEFITS

### GALA PREMIERE CHAUVE-SOURIS

(By arrangement with Morris Gest)

Forty-ninth Street Theatre

Tuesday, January 13, 1925

### GALA OFFICIAL OPENING

INTERNATIONAL HOCKEY MATCH

Madison Square Garden

Tuesday Evening, December 15, 1925

Net receipts ......\$15,551.51

The Board of Trustees express their thanks to Mr. George L. Rickard, President of the Madison Square Garden Corporation, and Colonel John S. Hammond, President of the New York Hockey Club, for their generosity in donating the proceeds of the International Hockey Match for the benefit of the Neurological Institute.

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## byCO-OPERATIVE COMMITTEE

## SHRINKING BRIDGE AND MAH JONG TOURNAMENT

March, 1925

NEIGHBORHOOD DAY

at the

DANIEL REEVES STORES

Monday, March 8, 1926

Grateful acknowledgment is made to Mr. James Reeves for his generous donation to the Neurological Institute.

### HOLIDAY FESTA

SCHRAFFT'S-556 FIFTH AVENUE

Saturday, December 4, 1926

Net receipts ......\$4,518.32

Grateful acknowledgment is made to Mr. Frank G. Shattuck for his generous donation to the Neurological Institute.

### **OUT-PATIENT DEPARTMENT**

This Department aims to meet the need, not only of the poor, but the self-supporting patient who can afford to pay, but whose financial circumstances will not permit consultation at a physician's office.

### MORNING PAY CLINIC

10 A. M. daily, except Sunday or holidays.

### EVENING PAY CLINIC

7 P. M. Monday and Friday.

Fee-\$5.00 for examination and revisits to see the physician.

A moderate charge is made for X-rays and laboratory examinations.

Patients referred from clinics or by physicians connected with the Institute may obtain treatment at the following rates in mornings:

### DISPENSARY CLINIC

1 P. M. daily except Sunday or holiday by appointment only.
Fee for examination—\$1.00, less or free.
Revisits to see physician, 50 cents.
X-rays \$3.00, less or free.
Laboratory examinations—a small fee or free.

Treatments, baths, massage, electricity, baking, etc., 35 cents each, or free.

### EVENING TREATMENT CLINIC

For patients examined in other clinics who cannot come in the afternoon. Men—Monday and Thursday, 7 P. M. Women—Tuesday and Friday, 7 P. M.

Treatments-35 cents each, or free.

### ENDOCRINE CLINIC

Thursday 10 A. M. For referred cases only.

### CHILDREN'S MENTAL HEALTH CLINIC

Wednesday and Saturday 10 A. M. For referred cases only.

### RULES AS TO THE ADMISSION OF PATIENTS

1. Patients must be examined by one of our physicians, either in his office or at one of our clinics, before admission, to ascertain if they are suitable cases for this hospital. Applications for admission of patients living out of the city must be accompanied by a detailed history from a reputable physician.

If able, ward patients must apply in person at one of the clinics for examination. If helpless or very ill, one of the examining physicians appointed by the Medical Board will be sent to examine patients at their home, for which a fee will be charged.

- 2. Patients will be admitted between 9 A. M. and 5 P. M. unless previous arrangements have been made.
- 3. All ward patients are required to pay \$21.00 per week for board and treatment or such smaller sums as may be determined by the circumstances of the case, of which the Trustees shall be the sole judges. No one shall ever be refused admission on account of inability to pay unless the resources of the hospital are exhausted.
- 4. No patient suffering from any readily communicable disease shall be admitted, nor any whose case does not require the special benefits of the hospital nor shall any patient be admitted whose case is judged to be incurable, except for further diagnosis, unless there be urgent symptoms, which in the opinion of the attending physicians or surgeon, are capable of being relieved.
  - 5. Private rooms—from \$60.00 to \$100.00 per week. Semi-private rooms—(two in room)—\$5.50 per day.

Treatments such as baths, massage, electricity, baking exercise or occupation, are included in weekly charge. Extra charges are made for medical attendance, X-rays, laboratory examinations, special medicines, operating room and anesthesia.

### RULES FOR VISITORS

- 1. Visiting hours for private patients, from 10 A. M. to 8 P. M. daily.
- 2. For semi-private patients, from 2 to 4 P. M. and 7 to 8 P. M. daily.
- 3. Visitors will be admitted to the wards on Tuesdays and Fridays, from 6 to 7 P. M., and on Sundays from 2 to 4 P. M., and at no other time, except by special permission from the Superintendent.
- 4. Only two visitors will be permitted to be at the bedside at one time.
- 5. Patients reported as seriously ill by the Physician or Surgeon will be permitted to see members of the family at any time.
- 6. Only fruit, jelly and ice-cream can be brought for patients. Such packages must be left with the nurse and, if approved by the Physician, will be given to the patients.
- 7. Visitors must observe perfect order and propriety while in the Hospital, must confine their visits to their immediate friends, must not stop or loiter in the halls, offices, or on stairways, and must leave the building promptly at the end of the visiting hours. Any violation of these rules may subject the offender to exclusion from the premises.
- 8. All letters of inquiry regarding patients should be addressed to the Superintendent.



### FORM OF BEQUEST

### FORM OF DEVISE OF REAL ESTATE

I give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.) MECOLLECTION

### SIXTEENTH REPORT

OF

## THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEARS 1927-1928

NEW YORK CITY
FORT WASHINGTON AVE. AND WEST 168TH STREET



### SIXTEENTH REPORT

OF

### THE NEUROLOGICAL INSTITUTE

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For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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CHARLES W. THOMPSON, M.D.

WILMOT LITTLEJOHN, M.D.

### DEPARTMENTS

DEPARTMENT OF GUIDANCE

Director FREDERICK PETERSON, M.D.

Assistant Director SANGER BROWN, II., M.D.

DEPARTMENT OF NEURO-ENDOCRINGLOGY

Director WALTER TIMME M.D.

Chief of Clinic IRVING H. PARDEE, M.D.

### Assistants

HILDA M. ALLEN, M.D.

JOEL M. HILL, M.D.

JANE A. BALDWIN, M.D.

JOSEPHINE H. KENYON, M.D.

ROYAL G. CANNADAY, M.D. JOHN H. McKINNEY, M.D.

DOROTHEA H. SCOVILLE, M.D.

DEPARTMENT OF CLINICAL PATHOLOGY

Director OLIVER S. HILLMAN, M.D.

DEPARTMENT OF ROENTGENOLOGY

Director
CHARLES W. SCHWARTZ, M.D.

Assistant CORNELIUS DYKE, M.D.

DEPARTMENT OF PSYCHOLOGY

Director
GLADYS G. TALLMAN, A.M.

Assistant Psychologists
MARION F. COWIN, A.M. MRS. JOHN PEATMAN, A.M.

DEPARTMENT OF SOCIAL SERVICE

Director EDITH H. CLARKE

Assistants

JANE E. COLSON HESTER B. HEDRICK LULA H. RAINEY
MILDRED A. VOORHEES

DEPARTMENT OF PHYSIO-THERAPY

Director
A. W. OFFENTHAL, M.D.

Hydrotherapy

OLIVE HEIMAN, R.N.

E. ANDERSON

Massage and Mechanotherapy CHARLES L. NELSON

MARY BORG
F. E. DAHLQUIST
D. F. ENGSTROM
EBBA FORSMAN
P. GUSTAFSON
ALVAH SHERMAN
IDA HOLM
ALVAH SHERMAN

Gymnastics
ANDREW PATRICKSON

Electrotherapy

PHOEBE BLOOMER

ELIZABETH C. MASON

Superintendent ESTHER F. RIVINGTON, R.N.

Assistant Superintendent MARIE BYRON, R.N.

Superintendent of Nurses GERTRUDE M. DWYER, R.N.

Cashier
MRS. ETHEL L. MALLINSON

Registrars

NELLY HÖLLJES, R.N.

(Ward Patients)

MRS. MARY MOORE, R.N.

(Private Patients)

Night Supervisor
MARGARET LEE, R.N.

Instructor of Nurses
LELIN B. TOWNSEND, B.S., R.N.

Supervisors of Private Floors
GWEN INMAN, R.N.
BETTY PREEDOM, R.N.

Supervisors of Wards IMOGEN RUNSER, R.N. IDA WAKELEE, R.N.

Supervisor of Operating Rooms LOWELLA CARTER, R.N.

Supervisor of Physio-Therapy BEATRICE WALLACE, R.N.

Instructor in Occupational Therapy
ANN F. GORMLY

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MRS. WALTER N. ROTHSCHILD, Chairman

MRS. JOSEPHINE A. BROWNING MRS. J. HORTON IJAMS

MRS. EDWARD P. FARLEY MRS. FERDINAND JELKE, III.

MRS. E. T. H. TALMAGE, JR.

### **CO-OPERATIVE COMMITTEE**

### **OFFICERS**

MISS MARY LINCOLN ALDRICH	Chairman
MRS. SIDNEY C. BORG	Vice-Chairman
MISS EMILY R. CROSS	Secretary
MRS. JOHN BLAIR	Treasurer

### CO-OPERATIVE COMMITTEE

### **MEMBERSHIP**

### 1927-1928

### SUBSCRIBING

MRS. JULIUS OCHS ADLER MISS MARY LINCOLN ALDRICH MRS. RICHARD G. BABBAGE

MRS. ADOLPH BERLE MRS. SIDNEY C. BORG MISS MABEL CHOATE MRS. CAMPBELL CLARK

Mrs. Clinton H. Crane Mrs. W. Murray Crane

Mrs. Edward P. Farley Mrs. Marshall Field

Mrs. WILLIAM B. FRANKLIN

MRS. JOSEPH HARDY
MRS. E. S. HARKNESS
MRS. ALFRED F. HESS
MRS. G. BEEKMAN HOPPIN

Mrs. John Sherman Hoyt

Mrs. Valeria Langeloth

MRS. RUSSELL C. LEFFINGWELL

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Mrs. Florizel de L. Myers Mrs. Walter N. Rothschild

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MISS ANNE THOMSON
MRS. A. A. TILNEY
MRS. FREDERICK TILNEY
MRS. WALTER TIMME
MRS. SCOVILLE TREADWELL
MRS. REGINALD E. WIGHAM
MISS CARRIE WILLEY

MRS. WILLIS D. WOOD MRS. WILLIAM H. WOODIN MRS. ALBERT YOUNG

Mrs. Andrew C. Zabriskie Mrs. Edwin G. Zabriskie

### ACTIVE

MRS. JOHN BLAIR
MRS. SAMUEL BROCK
MRS. JOSEPHINE A. BROWNING
MISS REBECCA CALDWELL
MRS. ROYAL CANNADAY

Mrs. A. L. Carns Mrs. C. Burns Craig

MISS EMILY R. CROSS
MRS. THOMAS K. DAVIS

Mrs. Willard B. Force Mrs. Howard S. Gans

Miss Frances A. Hoffman

Mrs. Hubert S. Howe Mrs. James H. Huddleson

Mrs. J. Horton IJAMS

Mrs. Ferdinand Jelke, III Dr. Dorothy Klenke

Mrs. Morris Loeb

Mrs. H. F. Louchheim

Mrs. Charles A. McKendree

Mrs. John M. McKinney

Mrs. Victor Morawetz

Mrs. Irving H. Pardee

Mrs. WILLIAM U. PARSONS

Mrs. WILLIAM RAND

Mrs. Henry Alsop Riley

Mrs. Gustav Saenger

MRS. CHARLES W. SCHWARTZ

Mrs. E. T. H. Talmage, Jr.

### CO-OPERATIVE COMMITTEE

### CONTRIBUTORS

Grateful acknowledgment is made to those named below, who contributed through the Co-operative Committee, to the Neurological Institute, during the years 1927-1928:

Mrs. Charles Altschul Mrs. Frank Altschul

MRS. T. H. BIRCH
MR. PAUL BLOCK
MRS. HERBERT BODMAN
MRS. N. I. BROKAW

Mr. LAWRENCE S. BUTLER

MR. ALBERT CLAYBURGH MISS ELLA MABEL CLARK MR. WALTER CONTENT

Mr. G. RICHARD DAVIS

Mr. Maurice Goodman
Mrs. Benjamin Guggenheim

Mrs. Charles J. Liebman

Miss H. S. Littlefield

MRS. SAMUEL MCROBERTS
MR. MILTON A. MAAS

Mrs. Acosta Nichols

MRS. W. KINTZING POST

MISS MARIE L. RUSSELL MRS. ARTHUR RYLE

Mrs. Samuel Schiffer Mrs. Benjamin Stern

MRS. AUGUSTUS VAN CORTLANDT

Mr. Thomas J. Watson Mr. Henry Wollman Mr. William J. Wollman

### REPORT OF THE EXECUTIVE COMMITTEE

To the Trustees of the Neurological Institute:

Twenty years of faithful work and patient waiting now find their fruition in our splendid new building, completely furnished and equipped, with every facility and appliance known to medical science for the care and treatment of patients suffering from nervous and mental diseases, and with every possible provision for their comfort.

The vision and the hopes of the founders of the Neurological Institute are now justified and realized. It has rendered a great and growing service to the public and that service will be continued in far larger measure. It will have adequate facilities for training specialists, the instruction of the general practitioner and the special instruction and training of nurses for neurological and mental cases; and most important of all, through its intimate association with the Department of Neurology of Columbia University and the State Psychiatric Institute, research and investigation into the many obscure and baffling problems presented by diseases of the brain and nervous system will now be carried on with the clinical material, the physical equipment and the professional personnel which will place that work upon a basis which is commensurate with its supreme importance to the public welfare, both from the individual and economic standpoint.

Standing now upon the threshold of larger opportunity a larger duty and responsibility rests upon the Institute, and we are confident that the devoted and loyal spirit of the Medical Staff which has made possible the great public service and the great scientific achievements in the past twenty years will enable the Institute to meet its larger opportunity by larger usefulness and larger service to the public, and greater achievement in the field of research and investigation.

During the past two years the Medical and Administrative Staffs have borne a heavy burden in carrying on the work of the Institute which has been greater than ever before, and at the same time giving unsparingly of their time to the study and development of the plans of the new building to adapt it more perfectly to our special needs; and also to its furnishing and equipment.

A special word of appreciation and congratulation is due to Mrs. Henry P. Davison of the Board of Trustees, the Chairman of the House Furnishing Committee, for her indefatigable work and her success in creating an unique atmosphere throughout the new hospital.

A special word of thanks and appreciation is also due to Mr. Louis J. Horowitz for his very generous and valuable service as Chairman of the Building Committee; to Mr. Prentiss L. Coonley of the Board of Trustees and to Dr. C. Burns Craig as the representative of the Medical Board, for their helpful and untiring service on the same Committee; and to Miss Rivington, the Superintendent of the Hospital, and Miss Dwyer, the Supervisor of Nurses, for their efficient and indefatigable work, both on the plans and in the furnishing and equipment of the new building.

ROBERT THORNE, for the Executive Committee.

### REPORT OF THE MEDICAL BOARD

To the Trustees of the Neurological Institute:

The close of the year 1928 brings the fulfillment of our cherished hopes and the satisfaction of our repeated demands for an opportunity to develop adequately the ideas embodied in the vision and foresight of the pioneers of the Neurological Institute at the time of its founding. The period of waiting has been long and at times discouraging, but we are at last about to undertake the important step for which we have so ardently struggled and we are ready to embark on a new period of enlarged scope of new activities, of new contacts which will closely affiliate us with all branches of medicine in a way that has never before occurred in this country.

The past two years are replete with hard work, tireless energy, patience and perseverance on the part of every one concerned. The hours spent in raising funds for the new building, and the plans of reorganization of the medical activities have been many and full of hard, wearying detailed work; but the devotion to the cause has remained steadfast throughout, and we are spurred on by the limitless possibilities for the advancement of our science. Time alone will show the manner in which our hopes, our zeal in the search for better methods to improve the condition of those who suffer from the diseases in which we are particularly interested, will be accomplished. But one thing is certain, we are now equipped with facilities for the investigation of our problems, in the care of the sick and for the prevention of neuro-psychiatric disorders, which never before existed in the medical history of New York.

The new Institute is now ready to take its place as an important adjunct of a great Center established for the purpose of prevention and treatment of diseases of every kind and of instruction of graduate and under-graduate pupils in the science and the art of medicine. Its very topographical position in the Center carries with it a prophetic meaning since it stands flanked on one side by the great pile of buildings devoted to general medicine and surgery and on the other by an institution of the State which will concern itself with the problems of mental disease.

The first important departure from our position of isolation was the decision to conduct our out-patient department within the Vanderbilt Clinic, thereby bringing us in close contact with all other branches of medicine. We will not only derive great advantage from the facility with which consultations over puzzling problems may be obtained from other branches, but also we will be able to bring our own viewpoint with greater facility and thereby demonstrate the enormous frequency with which mental and nervous problems complicate what seems to be ordinary disease. Another radical departure has been the establishment of one division to care for the borderline cases or so-called neuropsychiatric cases which will assume the direction of such out-patient activities as the mental health clinic and the court clinic. Plans are now well under way to make provision for every kind of psychotherapy, and before very long this division will be equipped with workers who are competent and willing to devote the time necessary for psychotherapy in all its forms. This has never before been attempted in an out-patient department and in time to come we shall be in a position to properly evaluate the true efficiency and the applicability of these various forms.

Out of the many changes contained in the plan of reorganization of the Medical Board, the most important are the increase in the voting members of the Board caused by the addition of two members from each Division with the rank of Attending Neurologist and the same voting power as the Senior Attending, and the creation of the position of Director of the Out-patient Department with the rank of Senior Attending Neurologist. Another change consists in the division of work by the organization of two groups in each division whereby, when one group is on duty in the house the other group is on duty in the Out-patient Department, and vice-versa. This step is important because the Attending Neurologist now acts as Chief of Clinic when this group is on duty, thus placing responsibility for the conduct of the clinic in the hands of an older and more experienced man, than has heretofore generally been the case. Another change of equal importance has been the creation of an executive committee elected by the Medical Board and standing committees who will take care of the many problems which come within their scope. The executive committee specially will take over the problems which formerly were among the duties of the Chairman of the Medical Board, who acted as executive officer.

In spite of the great amount of additional work of raising funds for the new building, perfecting the plans of the building and the reorganization, the medical activities of the Institute have not suffered in any respect. The special clinics have continued to work at full capacity, the number of applicants for relief at the endocrine clinic has maintained a steady average and a delay of weeks is still necessary before treatment can be secured. The mental health clinic and court clinic, in spite of serious difficulties in securing personnel, have maintained their accustomed high standard of work. In addition to this, we have assisted the truancy department of the Board of Education in establishing a clinic for the

proper psychiatric and psychological examinations of certain selective cases and have made an important contribution to the efforts of this department, which, with the assistance of members of the Crime Commission and certain other political groups, is attempting to secure means for the proper mental as well as physical examination of all truants or other forms of delinquency, one might almost say at their very inception.

The attendance of the morning private clinics has not been effected. The same relation of new patients to revisits and treatments continues. It is hoped this clinic will be continued in the new Institute on a larger scale and with one exception, noted below, will constitute the only outpatient activities to be carried on within the new building.

Another important departure is the provision of quarters within the Institute for the Guidance Department, conceived and established by the late Dr. Pearce Bailey as the Classification Clinic, thus bringing one of the outside activities of the Institute directly within its walls.

The Medical Board desires to express its profound regret and great sense of loss caused by the sudden death on September 21, 1928, of Willard B. Force, DDS., Consulting Dentist to the Neurological Institute since 1912.

We are about to enter our new home full of hope and enthusiasm and confidence in what the future holds in store for us. It is our hope that we will justify the confidence of those who have so generously given us the means to carry on this great work and that we will go a long way in solving the problems for which purpose these funds were given. But for the tireless energy and industry of a small devoted number, we might still be struggling in our present quarters discouraged and in despair for the future.

The Medical Board takes this occasion at the close of its last year in 149 East 67th Street to express its appreciation of the great sacrifices of time and energy devoted by the President of the Board and the great generosity of the members of the Board of Trustees; and of the unselfish devotion of the members of the various committees in the work of building the new Institute.

The Medical Board desires to express its gratitude for the devotion and loyal support afforded by Miss Rivington, the Superintendent, and Miss Dwyer, the Supervisor of Nurses, for the past two years.

Respectfully submitted,

EDWIN G. ZABRISKIE, M.D., Secretary.

### REPORT OF THE CO-OPERATIVE COMMITTEE

### January 1, 1927 to December 31, 1928

To the Trustees of the Neurological Institute:

The Co-operative Committee closed the year 1928 with a membership of 86 persons.

Since our last report the Committee has raised \$29,831.34 for the benefit of the non-revenue producing departments of the hospital.

Following its policy of enlisting public interest and support through giving benefit entertainments for the hospital, we have given three such benefits—a Bridge and Mah Jong Tournament, a special kind of serial benefit known as a "Reducing Party," and through the courtesy of Mr. Charles Dillingham, a benefit performance of the play "Three Cheers." All of these affairs were financial successes and in addition served to make new friends for the Institute as through the generous publicity given us by the newspapers we have had an opportunity again to disseminate information to the public concerning the details of the Institute's work.

In addition to these benefits given by the Committee as a whole, Mrs. Rothschild gave a Bridge and Mah Jong Tournament at her summer home in White Plains.

The Committee in 1927 and 1928 again co-operated with the Mental Hygiene Committee of the State Charities Aid in arranging a course of lectures on mental hygiene. Our Vice-Chairman, Mrs. Sidney C. Borg, has taken entire charge of this educational aspect of our work. The lectures have been largely attended by social workers and professional women, and have proved of definite value.

The Library Committee, under the Chairmanship of Mrs. Frederick Tilney, has added some 250 volumes of modern fiction to the patients' library, and the Nurses Committee, under the leadership of Mrs. Walter Timme, has supplied the nurses with books, magazines, and occasional tickets to theatres and concerts.

The Entertainment Committee has done invaluable service in organizing concerts for the patients, and each Christmas Mrs. Henry A. Riley, Chairman of the Entertainment Committee, assisted by Mrs. Edward P. Farley, have arranged delightful parties for the patients and staff. The concerts have given keen pleasure to the patients and have seemed of real value to them.

The activities of the Entertainment Committee have so far been centered on the ambulatory patients, but we hope in the near future occasionally to provide some form of entertainment for patients confined to their rooms.

The Committee considers that an important part of its function is to make new friends for the Institute and in this we seem to have been successful. A few of our members have unfortunately been obliged to resign, but their places have been taken by new members, and in no case does any one seem to have lost interest in the Institute or appreciation of the work which it accomplishes.

On September 21, 1927, Miss Mary Lincoln Aldrich, who had been the Chairman since the Committee was organized, resigned on account of ill health. Mrs. E. T. H. Talmage, Jr., was appointed Chairman and Miss Aldrich was appointed Honorary Chairman.

The Committee is looking forward to its work at the Medical Center, and hopes to make constructive use of the enlarged opportunity which the new hospital will bring to it.

Respectfully submitted,

MARY LINCOLN ALDRICH, Chairman, January 1, 1927, to September 21, 1928.

CONSTANCE C. TALMAGE, Chairman, September 21, 1928, to December 31, 1928.

# CO-OPERATIVE COMMITTEE REPORT OF TREASURER

# January 1, 1928 to December 31, 1928

DISBURSEMENTS

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	\$ 2,600.00 B	515.00	Theatre Benefit, December 4, 1928 4,547.03	<u> </u>	8.00 C	40.00 nent and free care and treatment. Fsychological Depart-	00.006	, D. H. J.	Additional receipts from "Reducing Farty" 1,054.00  Theatre Benefit December 4, 1928 12,006.15  \$19,182.61  \$19,182.61	818.672.24 Respectfully submitted,		\$19,182.61	EFITS:	927 to April 1, 1928: 88.888.05	Disbursements: Printing and postage 227.05	Net profits\$3,601.00	-"Three Cheers," through	928;	ets	00000	735.0	in program. 1,755.00 grams 280.75	n program. 1,720.0 ms. 1,735.0 ms. clerical	r program. 1,735.00 rms 230.71 rge, clerical miscellane- r tickets. \$ 545.00	r program. 1,725.00 in program. 1,735.00 ins. 230.71 ins. 230.71 miscellane- r tickets. \$ 545.00
Dues:	Dues: Duescribing Active	Annual contributions	Special contributions: Thronor Mrs Ferdinand Jelke III	Through Mrs. E. T. H. Talmage, Jr.	Mrs. Sidney C. Borg, for clerical assistance, Annual	Meeting	Bridge and Mah Jong Party given by Mrs. W. N Rothschild. June. 1928.	Benefits:	Additional receipts from "Reducing Farty"  Theatre Benefit, December 4, 1928  Interest on bank balance		Balance, January 1, 1928		SUMMARY OF BENEFITS:	Notation Farty — Notation 1, 1927 to April 1, 1928: Receints	Disbursements: Printing an	Net profits	Theatre Benefit—"Three Cheers," through the courtesy of Mr. Charles Dillingham,	December 4, 1928:	Sale fickets		Advertising in program. 1 Sale of programs	Advertising in program. Sale of programs Disbursements:	Advertising in program. Sale of programs Disbursements: Printing, postage, clerical work and miscellane-	Advertising in program. 1,735.00 Sale of programs 230.75 Disbursements: Printing, postage, clerical work and miscellane, 545.03 To theatre for tickets 4,002.00	Advertising in program. Sale of programs Disbursements: Printing, postage, clerical work and miscellaneous To theatre for tickets.

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# REPORT OF TREASURER

# CO-OPERATIVE COMMITTEE

# January 1, 1927 to December 31, 1927

37.50 \$1,066.44

599.37

DISBURSEMENTS

### RECEIPTS

	Dues:	Printing, postage, clerical work and miscellaneous\$ 429.57
	න දෙ	Benefits:
		Bridge and Mah Jong, April, 1927 599.37
	Annual contributions	"Reducing Party", 37.50
	Miscellaneous	
	Contribution, Mental Hygiene Lecture Committee 500.00	\$1,066.44
	Bencûts:	Contribution to General Fund of the Institute, for
2	Additional receipts from Holiday Festa held December, 1928	Social Service Department, Psychological Department and free care and treatment 9,600.00
25	က်	
	"Reducing Party" (receipts to January 1, 1928) 2,774.05	\$10,666.44
	Interest on bank balance	Balance, December 31, 1927 510.37
	\$11,159.10	\$11,176.81
	Balance, January 1, 1927 17.71	
	\$11,176.81	Respectfully submitted,
	SUMMARY OF BENEFIT:	IDA BLAIR
	Bridge and Mah Jong Tournament, April, 1927:	Treasurer.

510.37

Printing, postage and clerical work ......\$269.37 Rent, Hotel Plaza..... \$380.00

Receipts .....\$3,689.25

Disbursements:

Net profits .....\$3,089.88

### REPORT OF THE GUIDANCE DEPARTMENT 1927 and 1928

To the Trustees of the Neurological Institute:

In 1920, through the vision and efforts of the late Dr. Pearce Bailey, the Classification Clinic was established at the Neurological Institute. The original purpose of this Clinic was to furnish complete examinations in the cases of young people, especially boys, who were not doing particularly well, without anyone having been able to tell the exact reason why. The examinations have been all inclusive. Every physical function has been explored. The mental examinations have been particularly exhaustive, with reference not only to mental attributes, but also to early environment, associations, habits, aptitudes, ideals. The effort has been to determine not only why the young person was not doing well, but also to find out in what particular line he would have the best chance to succeed.

As the work has grown, its scope has been extended to include the adult as well as the adolescent and late in 1928 the name was changed from the Classification Clinic to the Guidance Department of the Neurological Institute.

During the past two years the activities of the Department have continued as heretofore. Cases have been referred by private schools, physicians and other sources, and the schools and physicians who know the work best continue to refer cases for examination and management. Cases, formerly examined at the Department, continue to appear for advice from time to time. No new activities or departures have been made as it is contemplated that when the Neurological Institute moves to the Medical Center, some changes may be inaugurated.

The Guidance Department offers a type of examination for private patients not generally available. With the widened associations of the Neurological Institute at the Medical Center, contacts should be made with the other organizations of the Center and possibly with other departments of Columbia University. Just how these connections should be worked out will depend upon various administrative considerations.

It is felt that the Guidance Department serves a real need, not only for young people who need adjustment and guidance, but for those who need counsel and advice in many circumstances of life. The growth of such an idea is gradual and the Guidance Department will benefit by a connection with an educational organization, whereby the ideals, underlying this organization, may be further disseminated.

In respect to the free clinic, this functions as a Child Guidance Clinic, the work consisting of psychiatric, physical and psychometric examinations, social service survey and follow-up work.

During the year 1928, Dr. H. C. Storrs, first assistant physician at Letchworth Village, was made chief of the clinic, with two assistants. The Clinic is held Friday afternoons. The number of cases has increased quite markedly, as a result of an agreement having been arrived at in the various out-patient clinics at the Institute that all problem children are referred to the Child Guidance Clinic. The number has been such that all could not be given adequate service or follow-up work by the social service department. The Clinic, aside from its value to the individual child, offers unrivaled clinic facilities for teaching.

When the Neurological Institute moves up to the Medical Center, it may be practicable to organize a single Child Guidance Clinic, directed by representatives from each of the organizations of the Center, whereby not only unrivaled treatment facilities will exist but whereby opportunities for research and teaching of the highest possible nature may be developed.

Respectfully submitted,

FREDERICK PETERSON, M.D.

Director.

### **GUIDANCE DEPARTMENT**

### Annual Financial Statement

### RECEIPTS

	1927		1928	
Fees for examinations\$	1,670.00*		\$2,330.00	
Interest on deposit	26.69		17.87	
Sale of rug from office	10.00			
Cash for stamps, telephone, etc	20.23		27.36	
-		\$1,726.92		\$2,375.23
		ф1,720.92		φ2,519.25
Guarantee Fund (Miss Choate)\$	3,000.00		\$2,000.00	
Balance on deposit and cash on hand,	1 400 40			
December 31, 1927	1,436.43		004 #0	
Balance, December 31, 1928			934.70	
		4,436.43		2,934.70
		\$6,163.35		\$5,309.93
DISBURS	TO MATERIAL TO	10		_
		D	** ***	
Rent\$	-		\$1,200.00	
Salaries			1,407.50	
Examiners' fees	495.00		515.00	
Telephone	80.38		83.30	
Professional Exchange (telephone service for year				
August 1927 to August 1928	75.00			
August 1928 to August 1929			75.00	
Announcement in "Harper's"	386.65		317.16	
Announcement in Sargent's "Private				
School"	25.00		28.50	
Stamps	36.00		27.00	
Petty Cash	23.36		10.53	
Stationery and Printing			52.99	
Psychological testing supplies	12.43			
Expense of moving to No. 570 Park				
Ave	53.00			
Rug for new office	25.00			
Furniture repair			14.00	
Typewriter repair and supplies			8.50	
		\$5,228.65		\$3,739.48
Balance on deposit and cash on hand,				
December 31, 1927		934.70		
Balance, December 31, 1928				1,570.45
		\$6,163.35		\$5,309.93
		φυ,100.00		φυισισο

<sup>\*</sup> Does not include \$660.00 outstanding for cases examined in December, 1927.

### REPORT OF DEPARTMENT OF NEURO-ENDOCRINOLOGY

To the Trustees of the Neurological Institute:

As Director of the Department of Neuro-Endocrinology, I beg to submit my report for the years 1927 and 1928.

The scope of the work of the Department is mainly in the field of preventive medicine; to enable those children, adolescents and adults who for some reason, independent of actual disease processes as heretofore known, are unable to develop properly, to overcome their inadequacies, to withstand fatigue and disease, and generally to cope on equal terms with their more fortunate fellows—all on a basis of disturbance of their internal glandular system—to master these deficiencies and disturbances to the end that they may arrive at economic independence. The actual diseases of the endocrine system, as they affect or are affected by the nervous system are of course also considered.

From the inauguration of this Department in 1919 the numbers of admissions and revisits constantly and regularly increased until 1926, after which year these vacillated above and below a regular mean; the year 1927, the new patients numbered 248 and the revisits 1181. The reason for this is readily seen in the fact that the number of assistants is limited by the space we can afford them for their work. At present one or two of these cannot find the necessary rooms in which to make the examinations and hence are merely interested spectators rather than workers. At the same time the appointments for new examinations are placed further and further into the future. In other words, our work has in the last three years been physically limited by our environmental limitations. The long looked for opportunity for the proper expansion and development of this new Department of your Institute is now assured us in the new hospital, and out-patient facilities in the Vanderbilt Clinic, at the Medical Center. It is not only our hope but also our firm conviction that with the increased space in which the staff will be able to work without hindrance and with the added facilities that pertain to the new hospital, our ability to help the many sufferers that apply to us for relief will be vastly increased.

The interest in the Clinic and its Conferences still continues to draw many professional visitors both from our own city as well as from the rest of the country, from Canada, and from Europe. At times our conference room is all too small to accommodate our guests.

This report would hardly be complete without some mention being made of the assiduous, painstaking and regular work that is given to this Department by its Staff; of the excellent co-operation given particularly by the Laboratory and by the X-ray Department of the Institute in the conduct of the many examinations asked of them, and of the whole-hearted support by the other Divisions and Departments of the Institute in sending patients and otherwise showing their interest in this Department.

Respectfully submitted,

WALTER TIMME, M.D.

Director.

### HOSPITAL and OUTPATIENT STATISTICS

		Total	1013	7	118	က	30			61 14		61	-	7		-	<b></b>	۰,	۰,	٠,			-	-		18	<b>-</b>	C3	0	88	105
	atient	Pemale	404	0	14	က	12					0	0	0		-	<b>-</b>	٠,	<b>)</b>	<b>&gt;</b> '	(	0 0	0	0		90	0	-	0	43	99
80	Out-Patient	Male Female Male Female Total	595	0	91	0	18			F 0		0	1	7		0	0	۰ ،	μ,	٠,	<b>&gt;</b> -		·	-		10	<b>-</b>	-	0	45	38
1928	Hospital	Pemale	20	1	32	0	0			00		73	0	0		0	0	0 (	0 (	۰ د	0	<b>-</b>	0	0		0	0	0	0	0	-
	Hos	Male 1	6	H	26	0	0			00		0	0	0		0	0	0 (	o (	<b>~</b>	<b>-</b>	0	0	0		0	0	0	0	0	0
		Total	12	0	129	0	0			0 0		0	0	0		0	0	0 (	0 (	0 (	<b>-</b>		0	0		0	0	0	196	0	0
	ient		9	0	41 13	0	0			00	,	0	0	0		0	0	0 (	0 (	o (	0 0	o	0	0		0	0		101	0	0
1927	Out-Patient	Male Female Male Female	10	0	83	0	0			0 0		0	0	0		0	0	0	0 (	o (	0 0		0	0		0	0			0	0
		male M	0	0	7	0	0			0 0		0	0	0		0	0	0	0 (	۰ د	٥ د	o	0	0						0	
	Hospital	tale Fe	1	0	3	0	0			0 0	ı	0	0	0		0	0	0	0	0	0 0		0	0		. 0	0	0	4	0	0
			Deferred Diagnosis	For Observation Only	For Tests Only	Refused to be Examined	Would not wait or did not return	NERVOUS SYSTEM	UNDETERMINED:	Breahalopathy, left hemiplegia		Hemispasm, right, facial	Meralgia Paresthetica, left	right	Neuralgia	ial	Cervical, right	Crural (anterior)	Intercostal, left	Musculo-cutaneous	Musculo-Spiral, left	right		left	Neuritis	Brachial plexus	Cervical plexus, left	Circumflex, right	ž	(Bell's	Left (Bell's palsy)

	Median, right.	0	0	0	0	0			_		-
		0	0	0	0	0	0	0	0	_	1
	Musculo-Cutaneous	0	0	0	0	0			0		1
	Musculo-Spiral, right	0	0	0	0	0			=		1
	left	0	0	0	0	0			_		1
	Optic	က	0	က	<b>6</b> 3	80			0		0
	Sciatic (not designated)	œ	4	84	33	129			0		0
	right	0	0	0	0	0			35		48
	left	0	0	0	0	0			16		29
	Multiple	0	0	0	0	0			တ		80
	Ulnar (not specified)	ъ	က	6	2	22			0		0
	right	0	0	0	0	0			4		4
	left	0	0	0	0	0			1		2
Cel	Cephalagia	0	0	0	0	0			_		1
Pri	Primary optic otrophy	0	0	0	0	0			0		_
® We	Meniere's Disease	0	0	0	0	0			0		1
	Myelitis	0	0	0	0	0			0		1
	Radiculitis	0	0	0	0	0			1		63
DEVELOPMENTA	WENTA! DEFECT.										
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BRAIN:	AIN: Anlasia, General	C	0	0	0	0	<b>~</b>	0	က	-	ю
44	Local	,	•	•		,					
	Nuclear	0	0	0	0	0	0	0	7	1	2
	Cerebellar	0	0	0	0	0	4	63	4	က	13
	Retinal	0	0	0	0	0	0	0	-	-	67
	anglia, bilate	0	23	ထ	63	ţo	0	0	0	ı	_
	Striatal	0	0	0	0	0	0	0	63	0	83
Dv	Dysplasia, General	_	63	9	63	11	0	0	2		3
He		0	0	0	0	0	0	0	63	0	<b>C</b> 3
Hy	lus	11	4	13	<u> </u>	35	_	က	7	-	12
	Congenital, communicating	0	0	0	0	0	0	_	0	0	_
Mic	Microcephaly	63	0	7	63	9	0	က	83	4	6
Po	Porencephaly	0	0	0	0	0	0	0	_	-	27
Pa	Paralysis, cerebral diplegia	0	1	20	10	31	0	0	73	10	<b>L</b> -

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		Total			0	7.9	-	4	œ	16	55	က	506	47	48		_	7	0		4			C3	7.4	20	0		_	7		-	4		-	11	22	
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19	Hospital	Male Female Male Female			C1	0	0	0	0	_	0	0	0	0	0		0	0	63		0			0	က	0	-		0	0		0	0		0	63	0	50
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		7	NERVOUS SYSTEM	MENTAL DEFICIENCY:	Unclassified	Simple	Mutism	Deaf Mutism	Retardation	Idiocy	Mongolism	Feebleminded	Moron	Borderline	Imbecile	SPINAL CORD:	Myelomening ocele	Hydromeningocele	Dysplasia with Spina Bifida	MENINGES:	Meningocele	DEGENERATION AND SCLEROSIS:	GRAY MATTER PREDOMINATING:	Progressive lenticular degeneration	Paralysis agitans (Parkinson's)	Bilateral athetosis, congenital	Intermittent spastic torticollis	Progressive labio-glosso-pharyngeal paralysis	(Bulbar palsy)	Chronic progressive chorea, hereditary type	Chronic progressive chorca with mental deterior-		Amaurotic familial idiocy, infantile	WHITE MATTER PREDOMINATING:	Dorsal sclerosis (non-tabetic)	Dorso-lateral sclerosis	With pernicious anemia	Multiple nelaunia

0         0         0         0         0         1         0         1         2         1         0         1         0         0         3         8         9         1         0	sclerosis, spinal form (Friedreich's). Cerebellar form (Marie)
6         2         11         1         1         0           0         0         0         1         0         1         0           0         0         0         0         1         0         0           0         0         0         0         1         0         0           0         0         0         1         0         0         0           0         0         0         0         0         0         0         0           0	0
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4     1     11     1     0     0     0       13     6     26     1     1     1     1     1	0
13 6 26 1 1 1 1	20
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1928	tal Out-Patient	Male Female Male Female Total
	Hospital	
1927	Out-Patient	Male Female Male Female Total
	Hospital	Male Female

NERVOUS SYSTEM

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NEW WENT	Neuritis, not specified	Brachial plexus	Facial	Facial, Sequela of diphtheria	Trigeminal, left	right	Lumbo-sacral	Mandibular	Popliteal (Right ext.)	Radial, left	Sacral, left	Multiple	Multiple, Sequela of diphtheria	Labyrinthitis (Meniere's disease)	Sciatic	Neuralgia, T <sup>2</sup> and T <sup>3</sup> , sequela of poliomyelitis.	Brachial	Cervical Plexus	Radial	Sciatic	Supraorbital	Trigeminal	MENINGES:	Leptomeningitis, form unspecified	Syphilitic	Epidemic cerebrospinal meningitis	Diffuse	Tuberculous	Arachnoiditis	Pachymeningitis, form unspecified	Granulomatous	Nam manuslandhaman

	Encephalomyelitis, cause unspecified	10	0 0	0	90		. H	ං භ		> <b>-</b>	y 9
	Cause syphilis	0					0				-
	Meningoencephalitis, cause unspecified	0					4				12
	Syphilitic	0					23				7
	cephalo	0					_				-
	Meningo-myelitis, cause unspecified	0					0				4
	Syphilitic	0					7				73
		23					7				91
	Polioencephalitis, form unspecified	0					0				8
	Inferior (Bulbar Palsy)	0					0				-
	Tabes Dorsalis	10					1.1				62
	Taboparesis	က					80			0	13
INJURY:	RY:										
BI	BRAIN:										
	Laceration-birth trauma	0					1		6		13
or	penetrating wound	0		0			0		_		-
•	Commotion with fracture of skull	0					0		0		7
	•	0					1		7		10
		0					0		ı		,
	of birth trauma, encephalopathy	0	0 0	0		0	7	2	13	00	25
	of other trauma, encephalopathy	0					81		61		54
	Unclassified	က					0		0	0	0
SF	SPINAL CORD:										
	Avulsion	0				0	_		0	0	-
•	п	0				•	က		73	0	20
	Compression, fracture of vertebral column	0	0 0	0		•	0	83	0	0	63
	Post operative	0				_	_		0	0	-
		0				•	0		0	0	က
	Commotion, fracture of vetebral column	0				_	0		0	0	<b>C</b> 1
	Concussion	0				•	1		0	2	က
	Laceration, penetrating wound	0				•	0		7	0	21
	Hematomyelia	4				<b>A</b> 7	0		1	0	1
	Laceration and compression, fracture of vertebral										
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		NERVOUS SYSTEM	NERVE ROOTS:	Sequela, laceration, birth trauma	NERVES:	Laceration, no further details	Penetrating wound	Cogs of a machine	Bullet	Glass	Hypodermic needle	Wood splinter	Laceration: Tearing, stretching, compression	Birth trauma	Other trauma	Operative	Contusion or C	Penetrating wound	Bony Fracture		Sequela, Pressure Neuritis	Bone fracture	Carcinoma of sacrum	Neuralgia	Unclassified		With skull fracture		BRAIN:	Endogenous, Encephalopathy, chronic nephritis.	Stupor, factor undetermined	Exogenous, Encephalopathy, deficiency syndrome	Chemical agent	Lead	Alcohol

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NERVES: Endogenous, cause unspecified	Cause, diabetes	Exogenous,	Infectious Process,	Diphtheria	Cystitis and pyorrhea	Toxemia of pregnancy	Scarlet fever	Tonsils	Food Poisoning (Fish)	Chemical Agent (not specified)	Anilin dye	Arsenic	Lead	Mercury	Alcohol	Sera	Cause unknown	MENINGES: LEPTOMENINGITIS:	Exogenous Chemical agent lead	Alcohol	MALADJUSTMENT:	Problem child	Constitutional Psychonathic Personality	Constitutional Inferior	Habitual Anti-Social Reaction	Simple Maladiusted Adult	Sex Perversion	NEOPLASMS, PRIMARY:	BRAIN:	Unlocalized Posterior Fossa

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1928 Out-Patient Male Female		61	<b>-</b> 0	, <del>–</del>	00	0	0	0	0	0	0	0	0 (	0	0	63	<b>-</b> - <	> <del>-</del>	4 <b>-</b> -	· }~	<b>C</b> 3	0	23	0	-	9 +	-
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1928 Hospital Out-Patient Male Female Male Female Total		25	<b>4</b> ○	, <b>–</b> i	r	- <b>-</b>	H 1	v 4	0	, ,	- د	07	0	w r	ه د	0	က	m <b>-</b>	٦ ٥	9	4	0	4	0	က	67 1	-1
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1927 Out-P Male		0	0 0	0	0	0	0	0 0	0	0	00	0	0	0 (	0 0	0	0	0	0	o	0	14	<b>-</b>	0	6	0	0
Hospital ale Female		0	0	0	0	- 0	0	00	0	0	0	0	0	0	0 0	0	0	0	0	0	0	28	-	0	0	0	0
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	NERVOUS SYSTEM	Cerebral Hemispheres, Cortical Frontal, right	Frontal, left	Fost Irontal, left	Fronto-temporal, left	Occipito-temporal, right	Occipital	Temporal, right	Tempore, left	Temporo-parietal, left	Fronto-parietal, left	Parietal, right	Rolandic, right	No further details	Cerebral Hemispheres, Subcortical	Interhemispheral	Brain Stem, no further details	Brain Stem, Extra-axial	Brain Stem, Intra-axial, undesignated type	Solid tumors	Brain Stem and Careballum	Unclassified	SPINAL CORD:	Intrameduliary (no further details)	Svringomyelja	Extramedullary	Cauda equina
	BRAIN			-																			SPI				

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		ENDROCRINE SYSTEM	THYMUS: Status hypoplasticus	Subinvolution	THYROID: Hypothyroidism	Simple	Cretinism	$\sim$	With goitre	Unclassified	Thyroid, Hyperthyroidism	Simple	Simple Injury (Psychic thyroid)	Simple Intoxication	With goitre	With goitre, intoxication	With adenomata	Thyroid, Dysthyroidism	Simple	With simple goitre	With exopthalmic goitre	With toxic goitre	With cyst	PARATHYROID: Hynoparathyroidism, Tetany	PITUITARY: Neoplasms, Unverified, Unoperated	Pituitary, Pars Glandularis	Hypoaciaity with amposity	With migraine	Simple

	Neoplasm	0	0	0	0	0	0	0	0	-	_
the cencephalitis 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Undetermined	7	0	9	4	12	_	0	4	œ	13
ency	Post infectious, epidemic encephalitis	0	0	0	0	0	0	0	0	C1	63
plasia         0         0         0         0         0         0         7         0           sia         0         0         0         0         0         0         0         7         0           sia         0         0         0         0         0         0         0         1         0           ciency         0         0         0         0         0         0         0         1         0           sm, unverified         0         0         0         0         0         0         0         0         0         0         0         0           sm, unverified         0 <td>And mental deficiency</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>-</td> <td>7</td>	And mental deficiency	0	0	0	0	0	0	0	0	-	7
sia	And genital hypoplasia	0	0	0	0	0	0	0	7	0	7
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1	Neoplasm, unverified	0	0	0	0	0	0	0	0	က	က
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h)	With Migraine	0	0	0	0	0	0	0	0	_	-
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netabolism $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$ $0$	Pars nervosa					,	•	(	,	•	
dison's disease, 0 0 0 0 2 2 0 0 1 0 1  dison's disease, 0 0 0 0 2 2 0 0 1 0 1  Surgical 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hypofunction, disturbed metabolism	0	0	0	0	0	0	0	-	0	-
Idison's disease,         0         0         0         2         2         0         1         0         1           surgical         0 <td>Hyperfunction with migraine</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>7</td> <td>_</td>	Hyperfunction with migraine	0	0	0	0	0	0	0	0	7	_
dison's disease, 0 0 0 2 2 2 0 1 0 1  Holison's disease, 0 0 0 0 0 3 0 0 0 0 0 0  Surgical 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  X-ray 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUPRARENAL:										
surgical 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Medulla, Hypoadrenalism, Addison's disease,	0	0	0	63	<b>C1</b>	0	1	0	н	CI
Injury, surgical         0	PINEAL SYNDROME: Unclassified	0	0	က	0	က	0	0	0	0	0
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surgical       0<		0	0	0	0	0	0	0	0	12	12
X-ray       0       0       0       0       1       0       1         Alsease)       0	Injury, surgical	0	0	0	0	0	0	0	0	73	67
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disease)	Involutional Menopause	0	0	0	0	0	0	0	0	01	63
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0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLURIGLANDULAR SYNDROMES:	c	c	c	c	c	c	-	C	c	-
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Malposa dolotosa (Detenti s disease)	> <	> <	> <	> <	•	•		· -		-
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Multiple symmetrical lipomatosis	>	>	>	>	>	۰ د	> 0	٠,	> 0	٠ .
ar insufficiency     0     0     1     1     1     3     0     0     2     3       ar insufficiency     0     0     0     0     0     0     0     1       ttory syndrome     0     0     0     0     0     0     0     0     1       company of the company of t	Adiposo-genital dystrophy	0	0	0	0	0	0	0	9	¢1	20
ar insufficiency	Dwarfism	0	_	-	~	က	0	0	67	က	Ω.
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	Hospital ale Female			0	0	0	,	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0	0	0	0	0	0 .
;	Hosp Male F			0	0	0		0	0	0	0	0	0	0	0	0	0		0	0	0	0		0	0	0	0	0	ο,
		ENDROCRINE SYSTEM	PLURIGLANDULAR SYNDROME (with outstanding):	Thymus disturbance	Hyperthymus	Pineal disturbance, hypo	Thyroid disturbance	Hyper	With goitre	Hypo	Unclassified	Pituitary disturbance with migraine	Menopause	Unclassified	Hypo	Hypo with adiposity	Hypo with adiposity and hypoplasia	Superarenal disturbance	Unclassified	Hypo	Gonad disturbance, Menopause syndrome	Unclassified	Combined forms	Thymic and thyroid	Thymic and pituitary	Thymic and pineal	Thymic and gonadal	Thyroid and pituitary	Thyroid and genadal

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MUSCEE SISIEM	Arenesis, Local	al Acute	Chaonia	ome	• • • • • • • • • • • • • • • • • • • •	te, in jury		Unclassified	n h	r deschaonber	Honolitant form	IOrm	Mixed form0	VASCULAR DISEASE		•••••••••••	-	endarteritis		ite and sequelae		sclerotic				geitis Obliterans	SPINAL CORD:		Hemorrhage0	;e	MENINGER		meningeal hemorrhage	SYSTEMIC ARTERIAL DISEASE	Essential	Cardio-renal		Monomonal terms	••••••••	Undetermined type 0

	Total
Out-Patient	Male Female Male Female Total
Out-	Male
Tospital	Female
Hos	Male
	Total
Out-Patient	Male Female Male Female Total
Out-1	Male
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# NON-NEUROLOGICAL

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11	0	0	0	0	0	0	0	0	0		_	<del>, -</del>	0	0	0	0		0	0	0		0	0	0	0	<b>C</b> 1	0	0		0	0
69	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0		_	0	0	0	0	0	က		0	0
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332	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0		_	0	0	0	0	0	1		0	0:
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91	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	_		0	0
6	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0	0	0		0	0	0	0	0	0	0		0	0
Unclassified	Normal child	Normal adult	Adhesions, Post operative or traumatic sequela	Cardiac and gall bladder disease	Developmental defect, Persistent lingual frenum	Scoliosis	Surgical, Limitation of index finger	Symptomatic diagnosis, febricula	Systemic disease, unclassified	Alimentary System:	Intestines, duodenal ulcer—suspect	ruptured	wasopharynx, infection, chronic	Stomach, Gastric ulcer	Tonsils, tonsillitis, chronic	probable malignancy	Cardio-Vascular System:	Unclassified	Cardio-renal disease	Endarteritis Obliterans	Heart and Pericardium:	Angina pectoris	Endocarditis	Valvular, aortic regurgitation	Auricular fibrillation	Myocarditis, chronic	Veins, Phlebitis	Arterio-spasm, claudication	Hematopoietic System:	Blood Anemia, secondary, metrorrhagia	Glands, Lymphadenitis, cervical, tuberculosis

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Dispetes mellitus	Gout	Pellagra	Rickets	••	Injury, severed tendons	Neoplasm:	Meliastinum, left inferior	Reproductive System:	Postate, hypertropny (benigh, semie)	Mammary gland, neoplasm, carcinoma	Respiratory System:	Pulmonary tuberculosis	Bronchi and Trachea, Dronchus, chromes	Giange cimodific	Sinuses, sinusitis	Sense Organs:	Hearing, Otitis media	Vision, Corneal opacity, iett	Tegumentary System:	Arsenical dermatitis	Papular exzema	Cust enitheliams of skin	Neoplasm, dermoid cyst on bridge of nose	Urinary System:	Nephritis, chronic	Cystitis	Urinary calculi	Warning Cyctom

		Total				_	-	-	₹	1	က	_			75	-	70	61	4	П		24.	_	_	_	C1	C4	4	ಣ	C1	~	01	,
	Out-Patient	Male Female Male Femule Total				-	7	П	-	0	-	-			es	0	40	63	4	Ħ		12	-	-	_	_	_	C1	0	0	0	0	
1928	Out-F	Male 1				0	0	0	က	0	61	0			0	, ,	27	0	0	0		12	0	0	0	0	_	-	0	0	0	0	;
	Hospital	Female				0	0	0	0	0	0	0			,	0	0	0	0	0		0	0	0	0	=	0	_	0	_	0	П	(
	Hos	Male				0	0	0	0	_	0	0			,-	ı C	, ct	0	0	0		0	0	0	0	0	0	0	က	_	7	-	
		Total				0	0	0	0	0	0	0			0	· c		0	0	0		0	0	0	0	0	0	0	0	0	0	0	00
	ent	nale T				0	0	0	0	0	0	0			0	· c	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	
1927	Out-Patient	Male Female Male Female				0	0	0	0	0	0	0			0			0	0	0		0	0	0	0	0	0	0	0	0	0	0	,
	0 1	ale M																						_		_	_	_	_	_		_	
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			NON-NEUROLOGICAL	Osseous System:	Developmental defect	Osteochondritis deformans juveniles	Hip, Congenital	Spine	Pes Planus	Polydactylism	Spina Bifida	Hypertrophic turbinates	Infection:	Arthritis:	Local, acute, Cause, undetermined	Cause, gonorrhea	Local, chronic, Cause, undetermined	Cause, teeth	Cause, tonsils	Multiple, acute, Cause, undetermined	Multiple, chronic	Cause, undetermined	Cause, abscesses	Cause, diabetes	Cause, infected nose and throat	Cause, syphilis	Cause, tonsils	Deformans	Hypertrophic	Osteitis	Osteitis chronica eystica	Ostcomyelitis	Spondyntis
																20																	

# HOSPITAL PATIENTS CLASSIFIED ACCORDING TO NATIONALITY

927	1928	1927	1928
1	1	Lithuania 5	2
3	2	Mexico 3	1
46	47	Norway 5	7
2	2	Panama 0	1
2	0	Poland 36	16
0	1	Porto Rico 0	1
21	21	Roumania 7	12
6	5	Russia 160	130
1	0	San Domingo	1
6	2		. 7
3	6	Serbia 1	. 1
_	28	South America	3
5	1	Spain §	2
6	10	-	8
-	53	Switzerland 4	3
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# OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

## January 1, 1927 to December 31, 1927

	No. of	No. of	
	patients	oper.	deaths
Total number of operations		238	17
Operations on the nervous system		231	17
Operations on the brain and skull	. 145	171	15
Operations on the spinal cord and nerve roots		43	2
Operations on the peripheral nerves		17	_
Miscellaneous operations	. 7	7	-
Operations on the Skull and Brain:			
Craniotomy			
Meningeal fibroblastoma, frontal lobe	. 5	6	2
Astrocytoma, frontal lobe	. 2	3	1
Cystic glioma, frontal lobe	. 1	1	
Spongioblastoma, frontal lobe		5	1
Infiltrating tumor, parietal lobe	. 1	1	_
Cystic tumor, parietal lobe	. 1	1	
Spongioblastoma, temporal lobe	. 2	2	1
Astrocytoma, temporal lobe	. • 2	2	-
Spongioblastoma, occipital lobe	. 1	3	_
Carcinoma, metastatic, of dura	. 1	1	-
Sarcoma, of skull	. 1	1	1
Meningeal fibroblastoma of gasserian ganglion	1. 1	2	1
Pituitary neoplasm	. 8	10	
Depressed fracture		3	_
Plastic for defect of skull		1	_
Decompression		7	_
Exploratory		20	2
Ventricular puncture		28	2
Corpus callosum puncture		1	_
Trigeminal neuralgia, section of sensory root.	25	25	_
Craniotomy, suboccipital			
Tumor of the 8th nerve	. 5	5	1
Cerebellar tumor	16	21	1
Adhesive arachnoiditis		2	-
Exploratory		16	2
Aspiration of cyst		3	_
Traumatic softening	1	1	
Totals	145	171	15

	No. of	No. of	No. of
	patients	oper.	deaths
Operations on the Spinal Cord and Nerve Roots:			
Laminectomy			
Extradural tumor	. 6	7	_
Extramedullary tumor		9	_
Cauda equina tumor		1	_
Intramedullary tumor		5	_
Exploratory, adhesive arachnoiditis		8	
Exploratory, radiculitis of canda equina		1	_
Exploratory, inflammatory disease of cord		2	1
Exploratory	. 3	3	
Rhizotomy		2	1
Fracture dislocation of vertebrae	. 2	2	
Vertebral disease	. 1	1	_
Repair of meningocele	. 2	2	_
*			
Totals	. 39	43	2
Operations on the Peripheral Nerves:			
Exploratory -			
Brachial plexus		2	-
Nerve transplantation	. 1	1	_
Neurorrhaphy			
Musculospiral nerve	. 1	1	_
Ulnar nerve	. 3	3	-
Median nerve		6	_
Radial nerve		$^2$	
Division of both obturator nerves		<b>2</b>	_
Removal of tumor from ulnar nerve		1	_
Avulsion of infraorbital nerve	. 1	1	-
m. t. l.			
Totals	. 17	17	_
Missellan on One and in a			
Miscellaneous Operations:	. 1	1	
Removal of broken lumbar puncture needle		1	_
Appendectomy		1	_
Suture, ruptured bladder		1	-
Suture, torn biceps	_	-	_
Transfusion	. 3	3	
Totals	. 7	7	_

# OPERATIONS PERFORMED IN THE SURGICAL DEPARTMENT

## January 1, 1928 to December 31, 1928

	No. of	No. of	No of
	patients	oper.	deaths
Tetal number of operations	•	202	23
Operations on the nervous system		192	23
Operations on the brain and skull		137	23
Operations on the spinal cord and nerve roots		35	
Operations on the peripheral nerves		20	
Miscellaneous operations		10	
miscendicous operations	. 10	10	
Operations on the Skull and Brain:			
Craniotomy			
Meningeal fibroblastoma, frontal lobe	. 4	6	1
Cystic glioma, frontal lobe	. 3	3	2
Glioma, frontal lobe	. 5	6	-
Infiltrating tumor, parietal lobe		5	1
Meningeal fibroblastoma, temporal lobe	. 1	1	
Spongioblastoma, temporal lobc	. 6	8	2
Infiltrating tumor, spongioblastoma, temporal			
lobe	. 6	8	-
Gumma, spongioblastoma, temporal lobe	. 1	1	-
Hypernephroma, occipital lobe	. 1	1	-
Pituitary tumor	. 2	2	1
Osteoma, frontal bone	. 1	1	
Subdural hematoma	. 1	1	
Depressed fracture		1	
Plastic repair, defect of skull	. 2	2	1
Decompression	. 5	5	4
Exploratory	. 5	5	
Ventricular puncture	. 14	16	3
Puncture of the corpus callosum	. 1	1	_
Trigeminal neuralgia, section of sensory root	. 32	33	_
Control of the second that			
Craniotomy, suboccipital	,		
Tumor of the 8th nerve		2	
Cerebellar tumor		16	7
Adhesive arachnoiditis		4	
Exploratory		6	1
Aspiration of cyst		2	1
Traumatic softening	. 1	1	
Totals	. 119	137	23

	No. of		No. of
	patients	oper.	deaths
Operations on the Spinal Cord and Nerve Roots:			
Extradural tumor	. 6	7	_
Extramedullary tumor	. 7	7	
Cauda equina tumor		3	_
Intramedullary tumor	. 3	4	
Exploratory, adhesive arachnoiditis		6	
Exploratory, radiculitis of cauda equina		1	
Cordotomy	. 1	1	
Fracture dislocation of vertebrae	. 3	3	
Vertebral disease		2	
Repair of meningocele		1	-
•			
Totals	. 33	35	-
Operations of the Peripheral Nerves:			
Exploratory			
Brachial plexus	. 1	4	
Median nerve		1	
Subscapular nerve		1	
Neurolysis peroneal nerve	1	1	
Nerve transplantation	. 1	1	
Neurorrhaphy	. 1	1	_
Brachial plexus	. 1	1	
Ulnar nerve		8	_
Median nerve		_	_
Radial nerve		2	
itatiai nerve	1	1	
Totals	20	20	
Miscellaneous operations:			
Biopsy			
Dercum's disease	1	- 1	
Myasthenia gravis	1	1	_
Tubercular adenitis	1	_	
Drainage of abscess of thigh	1	1	_
Removal of dermoid cyst		1	_
	1	1	-
Transfusion	10	10	
Totals	15	15	_

## REPORT OF LABORATORY

To the Trustees of the Neurological Institute:

The general character of the laboratory work during the past two years has remained essentially the same as previously, with the exception that there has been an increasing demand for certain biochemical examinations requiring special equipment, more space and technical assistance than has been available in the old laboratory. However, it has been possible to take care of this extraordinary work through outside sources. This situation will be rectified in the new laboratories of the Neurological and Psychiatric Institutes, where we expect ample space and the necessary equipment will be provided for an ever-enlarging field of usefulness in the application of modern laboratory procedures to the solution of problems in clinical diagnosis and treatment, particularly from a research standpoint.

The amount of work in 1927 and 1928 has been well up to the former average.

The statistical summary for the two years is as follows:

	]	927	19	928
	No. of	Per Cent	No. of	Per Cent
Patients	Exams.	of Total	Exams.	of Total
Private	1,268	10.6	1,332	11.1
Semi-private	1,254	10.5	1,556	13.0
Ward	4,556	38.2	4,412	36.7
Dispensary:				
Pay patients	4,440	37.2	4,459	37.1
Free patients	426	3.5	253	2.1
House exams	7	,078	7,	300
Dispensary exams	4	,866	4,	712
	-			
Total	11	.944	<b>. 12</b> ,	012

Financially, the laboratory showed approximately \$1000 more on the credit balance in 1928 than in 1927.

There has been no change in the personnel since the last report.

Respectfully submitted,

OLIVER S. HILLMAN, M.D.

Director.

TECHNICIANS

RUTH SHIVITZ FLORENCE O'ROURKE

## REPORT OF X-RAY DEPARTMENT

To the Trustees of the Neurological Institute:

During the past two years our work has increased over the previous two years by only a few hundred. This small increase was foreseen in the reports submitted for 1925 and 1926. The number of patients seen and their classification is included in the following tabulation.

#### NUMBER OF PATIENTS

1927		1928	
326		253	
325		415	
1026		1009	
138		90	
	1815		1767
428		362	
1403		1566	
		249	
	2116		2177
	3931		3944
	326 325 1026 138 428 1403 285	325 1026 138 1815 428 1403 285 2116	326 253 325 415 1026 1009 138 90 1815 428 362 1403 1566 285 249

There has been a change in personnel. Our senior technician, Mrs. Arkett, found it necessary to leave us on account of considerably increased domestic duties. Her place was automatically taken by Miss Conkling and we have added to our staff Miss Pellenberg.

Our therapy clinic has not of late been as variable in the type of cases treated as in the past, although we have had most of our appointments taken. This is hard to explain unless it be that our time for therapy is so limited that only the more urgent cases are being referred which consisted mostly of neoplasms.

We are looking forward with a great deal of pleasure to the time when we can start work in our new Department. The equipment for therapy will be more powerful than that we now have, and being in a room by itself will allow us to do much more without interfering with the regular diagnostic work. Our facilities will be so increased that we will not only be able to care for the hospital cases, but I feel quite sure we will also be able to care for our Vanderbilt Clinic patients if at any

time it should be deemed advisable. The personnel will become slightly increased by the addition of one more technician. There has also been recently created the position of Assistant Roentgenologist, and I have found a well prepared physician to accept it. This will overcome the difficulties of the past which we have had to face during vacations in the summer time, also forced absences from time to time. I sincerely trust that the Department will continue to be a source of revenue for the hospital. It is practically impossible to forecast the number of patients we will be called upon to see, but the Department has been planned in such a way that we all feel confident of being able to meet any demands that may be forthcoming.

Respectfully submitted,

## CHARLES WADSWORTH SCHWARTZ, M.D. Roentgenologist.

ASSISTANTS

MISS M. CONKLING

MISS S. PELLENBERG

## REPORT OF THE PSYCHOLOGICAL LABORATORY

To the Trustees of the Neurological Institute:

For this report, which is the last to record the work done in our old building, it has been suggested that we not only report on the past but also look to the future.

Although the increase of the work of the Laboratory has meant that no one has been idle, there has always been an excellent spirit shown by all the workers toward each other and a feeling of understanding shown by the medical and executive staffs toward the Laboratory staff.

In 1927 we thought we had reached our physiological limit when we examined 2,090 patients during the year. This averaged about 175 patients a month. In 1928 we examined 2,281 patients or on the average of 190 a month. It should be remembered that there has been no increase in the staff since May, 1925. In that year we saw on the average of 126 patients a month. However, it is not particularly difficult, having completed ten years in the Laboratory in September, 1927, to remember the time when the examination of 50 patients in a month represented the amount of work done. To be sure, in 1917 there were but two psychologists in the department, one full time and one part time. Since 1925 we have had four psychologists, two full time and two part time.

Attending to growth alone has not been the Laboratory's chief interest, however. Various clinics in which psychological testing of patients has been routine have been presenting their individual problems. Perhaps the most interesting of these have been the Children's Clinic and the so-called "Court Clinic." The latter started in March, 1926. Although several times it has been thought that our unofficial work with the Court of General Sessions had been completed the Clinic has been flourishing with an average of thirty men and women a month, those either out on bail awaiting sentence or probationers who were presenting some new problems to their probation officers.

A new clinic attracted the co-operation of the Laboratory when in February, 1928, one of our own psychiatrists started the examination of children brought to the Bureau of Attendance of the Board of Education. Selected children, i.e. those showing unusual maladjustment to school, home or society, from but one district of the city were admitted for study. This excluded the feebleminded and tended to make the work more worthwhile. During the school spring term only 27 children were studied. With the co-operation of a psychiatric social worker who was

also both a trained nurse and an attendance officer many satisfactory readjustments were made. It is to be hoped that this clinic will grow, and if funds can be provided for it there is no doubt but that it will save many children from open conflict with the law.

With the permission of the Trustees and the Medical Board the Laboratory Director has been co-operating with the Department of Psychology of Columbia University in teaching psychological testing in the Extension Division of the University. The only other course of this type is given through the University at Randall's Island. Perhaps it is not realized by the laymen that none of the hospitals or agencies employing psychologists give supervision to the work done but require trained workers. This has meant that students have been going out of the city to obtain testing experience where as a rule they have been very much on their own. Under these conditions, unless they are remarkably conscientious, they get into the habit of relying on their own intuition and of feeling that the problem is not a medical one and therefore co-operation with the physician unnecessary. From this class it is hoped to obtain more widely trained workers. It may be of interest to say that 24 students made application for the course. Nine of them were accepted.

When we move into our new building there is no question but that all our problems will increase. It must not be forgotten that the Laboratory is the only definitely organized unit equipped to do psychological testing in all that vast organization. It cannot be long before the other clinics hear of the work and seek to have testing done. The ideal laboratory would be to have a staff large enough and so well equipped in training that such requests could be granted and intensive study done on each problem presented. There should also be definite time set aside for research problems not only in the strictly Psychological field but also in that realm where the dividing line is not strictly determined between Psychology, Psychiatry and Medicine.

Respectfully submitted,

GLADYS TALLMAN, A.M.

Director.

## REPORT OF SOCIAL SERVICE COMMITTEE

To the Trustees of the Neurological Institute:

Although the Director's report is very complete and needs no amplification, I do not want to let this chance go by without renewing our thanks to the Haven's Fund Almoners, who have been our standbys on many occasions, as well as to the individual members of this Committee, who have been called on repeatedly for financial, as well as moral support and never in vain.

With the move to the Medical Center imminent, we are prepared for greater fields of usefulness, with all the added facilities at hand, and expect to have new data for the next annual report.

Brick and mortar help to make an organization efficient, but the spirit that will make it effective is moulded from tradition which, for us, is the example set by the pioneers in this work.

Looking into the future, we hope that some day a fund will be established for special follow-up work along the lines of specific research.

Respectfully submitted,

CAROLA WARBURG ROTHSCHILD

Chairman.

#### REPORT OF SOCIAL SERVICE DEPARTMENT

To the Trustees of the Neurological Institute:

The years 1927-28 have been full of interest and activity. Figures show still further increase in the number of cases under care of the department. The number of new cases referred in 1927 was 981-a figure which was ahead of that for 1926 by 79 cases and which reflected the continued gradual and steady increase in the work. This increase was in the general social service—the afternoon and Endocrine clinics. As a concrete instance of some of the work done, it might be mentioned that the number of patients sent for convalescent care in 1927 was 123 as compared with 108 in 1926. In 1928 numbers took a big jump. New cases coming to the attention of the department in that year numbered 1284. This was an increase of 303 and was due largely to reorganization of the Children's Clinic which took place in January 1928. The number of new cases treated in this clinic in 1927 was 98 while in 1928 as a result of a change in routine of admission this had risen to 312-a figure more than three times as large. By the new admission system all children accepted for treatment in The Neurological Institute and not suffering from organic disease of the nervous system were sent direct to social service for admission to the Children's Clinic. Heretofore many such cases had been treated in the afternoon clinics and only selected behavior problems sent to Children's Clinic. This system worked well and practically 90% of the children referred reported for examination as directed, for the most part without follow-up. It is worthy of note that nearly half the children were sent in to the Institute by the Public Schools. With attendance at the clinic each week two and three times as great as formerly the social worker took for intensive care only those cases referred by the doctor-just as in the afternoon clinics.

Miss Helen Crothers who was with us for nearly five years and who always worked in the Children's Clinic, resigned September 1928 to take a position in the Department of Psychiatry at Cornell Clinic. Her place has been taken by Miss Hester B. Hedrick, another graduate of the Smith College School for Social Work.

Many interesting cases have been dealt with in this clinic and on September 12, 1928, a successful Demonstration Clinic was held in connection with the programme of the New York State Department of Mental Hygiene. Some forty physicians from various State institutions attended.

Dr. Sanger Brown, II, continues as Director of the clinic and in January 1928 Dr. Harry C. Storrs was made Chief. Dr. R. R. Williams attended from March 1927 to July 1928; Dr. William S. Dyer and Dr. S. H. Peppard have also given service and the physicians attending with

Dr. Storrs (December 1928) are Dr. Eugene Ciccarelli, Dr. Boseman and Dr. Robie. We particularly appreciate the work of these doctors as they all have to come a considerable distance—some from out of town institutions.

It was stated at the beginning of this report that the large increase in the work was due "largely" to reorganization in the Children's Clinic Another most important factor was the decision at the end of July 1928 to place one of our staff in the Department of Neurology of the new Vanderbilt Clinic which was opened at the beginning of that month. Miss Voorhees, who had planned to resign in September, and whose successor, Miss J. E. Colson, a graduate of Smith College School for Social Work, had been appointed, was placed there temporarily. In October the Board of Trustees generously agreed to the request for an additional worker and Miss Voorhees continued work in that capacity. As the Department had not previously been assigned a psychiatric social worker it meant breaking new ground from the social service standpoint. We feel therefore that the total of fifty-three cases referred in such a five month period of all round new conditions makes a good showing. Furthermore the fact that one of our staff is already functioning in the Department will greatly facilitate the mechanics of fitting into the work in the immediate future when we all move to the Medical Center.

This report covers a two year period and although the above has dealt with certain high spots of 1928 one looks with satisfaction to the steadily developing work of the year 1927. That year saw an attempt at research as to results accruing from treatment of the first hundred cases in the Children's Clinic. However since no funds were available to detail a worker specially to this the matter was dealt with purely from a clerical angle. Form letters were sent out to these first hundred cases (1921-1922) but owing to the migratory tendencies of New York population many of these letters were returned. From many there was no response and of those replying to the questionnaire about two-thirds estimated that their children had received benefit from treatment at the clinic. No conclusion could be drawn from such a superficial study and the result only further emphasizes the need for definite planning and adequate equipment for research in any branch of work.

Another piece of research however in which the department took much pleasure and pride was that made possible through the gift of \$500.00 in 1926 from the Chairman of the Social Service Committee—Mrs. Walter N. Rothschild. The work was done in the summer and fall of 1927 in connection with the Endocrine Clinic. An experienced social worker, Miss Margaret MacAllen, who had been giving volunteer service to the department one day a week, was chosen to make the study. Certain cases of glandular disturbance were selected by doctors in the clinic and of the 24 referred for investigation 23 were traced. The report went to show that of those under regular treatment 100% had shown improvement; of those who had been irregular in their attendance at clinic and following of doctor's advice and treatment, only one-third had improved.

This result certainly would seem to emphasize what we already know—the need for close follow-up of patients in order to ensure the best results of their medical treatment.

In the spring of 1927 we were helped considerably by the services of a volunteer—Miss Cornelia Curtis—who followed up certain cases of children suffering from chorea. Another volunteer, Miss Ruth Weinberg, whose long-continued service we particularly appreciate, is still helping in the special study mentioned in the last report, and has promised to give another day weekly to similar work in the new clinic.

The department has cooperated in the publicity programme of the Joint Administrative Board of the Medical Center, the Director giving three radio talks during 1927—"Adjusting the Nervous Patient" (January); "Glimpses of The Neurological Institute" (April); "What and Why Is Social Service in a Neurological Institute?" (December). In May 1928 as a delegate from this hospital the Director attended the National Conference of Social Work held at Memphis.

A report at this juncture would hardly be complete without some consideration of work in our new setting at the Medical Center. We have a much larger hospital and practically the same number of clinics to cover and the problem is how best to arrange the work among our only slightly increased staff in order that the individual patient's needs may best be served. At this date it would seem futile to map out a detailed plan for it is inevitable that working in a medical community with all four cooperating units of social service together in a centralized clinic will involve not only greater advantages and opportunities but greater responsibilities.

We are hoping to give more attention to ward patients and are planning to begin work in the new hospital by having one of our staff devote her entire time to this, and as a departure from our present system interview all new cases. The other members of the staff will continue giving service at the regular afternoon session in the Department of Neurology and to the Endocrine and Children's Clinic. "New occasions bring new duties" and doubtless we shall arrive at the nearest practical application of the ideal by the time honored system of trial and error. However, there will be in the new environment such a pooling of medical and social resources and experience as should help materially in the realization of our aims—the welfare of the individual patient.

We take this opportunity of thanking all friends of social service—particularly our own Committee—for their interest and practical help-fulness and to record our appreciation of the fact that the steady growth in work of the department has been made possible only through the cooperation of the Superintendent, medical staff and all our fellow workers.

Respectfully submitted,

EDITH H. CLARKE

## DONATIONS TO THE SOCIAL SERVICE DEPARTMENT DURING 1927-1928

## 1927 HAVENS FUND

HAVENS FUND		
Through Mrs. John Blair		\$150.00
EMERGENCY FUND		
This fund is received by special appropriation of the Board of Trustees and may be supplemented by contributions.		
Balance on hand January 1, 1927\$393.18 Contribution—Dr. Thomas K. Davis	\$409.18	
Paid from this fund	388.00	
Balance January 1, 1928		\$20.18
SPECIAL FUND		
Contribution—Mrs. Pearce Bailey	\$500.00	
Mrs. E. T. H. Talmage, Jr.       20.00         Mrs. Ferdinand Jelke, III.       10.00         Mrs. J. Horton Ijams       5.00		
Through Dr. Sanger Brown, II.  (Mrs. Robert Ramsey)	80.00	\$580.00
1000		
1928 HAVENS FUND		
Through Mrs. John Blair		\$150.00
EMERGENCY FUND		
This fund is received by special appropriation of the Board of Trustees and may be supplemented by contributions.		
Balance on hand January 1, 1928\$ 20.18 Transferred from Special Fund (donated through Mrs.		
Pearce Bailey)		
(Mrs. Rothschild)	\$681.45	
Paid from this fund	95.82	
Balance at end of year		\$585.66
SPECIAL DONATIONS		
Christmas Fund: Through Dr. Sanger Brown, II. (from Mrs. Robert Ramsey)		\$25.00
Kamsey) Mrs. E. T. H. Talmage, Jr.—toys and books. Mrs. Ferdinand Jelke, III.—clothing. Miss Ruth Weinberg—clothing.		ψωσ.00

## REPORT OF OCCUPATIONAL THERAPY DEPARTMENT

To the Trustees of the Neurological Institute:

The occupational therapy department, having the roof for its domain, is sometimes called the "Roof-Garden" and also the "Work Shop." Whenever the weather permitted, from early spring to late in the fall, the shop moved out into the garden. Some of our looms are light enough to be easily carried out and the patients who were given weaving to do have sat in the sunlight while working. The material and tools for basketry, the favorite craft, are simple, can be placed anywhere, and work begun at once. Both men and women like this occupation. For the excited patient the process repetition is soothing and gives physical outlet for energy. Depressed patients are helped by the technic requiring attention and the stimulating physical action. Some of the patients were given instruction and material to work with in their rooms. One, a man in the ward, caned four large armchairs while in the hospital.

The other helpful crafts we have used are working in leather, wood carving, clay modeling and painting, both practical and decorative. We painted our own tables and chairs when they needed it, and colored greeting cards with water-color paints. Two girl patients learned to do this while in the shop and carried on the work after they left us, being able to earn a little by doing so.

Wheel chair patients, in the sunshine, work at the craft that suits them best with a drawing board clamped to the arms of their chairs.

Children are often among those on the roof. There are toys and games for them and sometimes occupational work or lessons. One little girl had her tenth birthday in our garden on an August afternoon. She had as guests four other little girls and two boys, all patients. There was cake and ice cream, and presents, too.

It is not all work in the roof-garden, for we have games and picture puzzles, and the phonograph and piano help pass the time. We often have very social times gathered around the piano singing together. Once in a while we play bridge, but casino is the most popular card game and checkers the favorite of all games. We wear out several checker boards in a year.

Some wonderful concerts have been given for us in the past two years. We thank Mrs. H. A. Riley, Chairman of the Entertainment Committee, for them. The National Association for Music in Hospitals took charge of the programs during the summer while Mrs. Riley was out of town, and the music was of a very high order. Those artists who volunteered their services deserve and received our very warm appreciation and thanks. When you hear a patient who has been in the hospital for several months say, "That was a little bit of heaven," after a concert, you would realize better how most of them enjoy that hour of good music once a week.

The Christmas parties are other pleasant memories. We thank the Co-operative Committee for them and also Miss Mabel Choate for the lovely music that came with the day.

We will soon be leaving the old roof-garden and work shop and going to a wonderful new place. It will be better equipped and possibly we will add working in wood and metal to the crafts we now use. A good work bench and tools would interest men as the other crafts do not. It should be possible for the therapist to make regular visits to wards and rooms. Work could be taken there and instruction given to patients when they first come in. In this way the therapist can get acquainted with and arouse the interest of the patient so that they are more willing to come to the occupational therapy department when they are able.

Respectfully submitted,

ANN F. GORMLY Occupational Therapist.

## REPORT OF THE OUT-PATIENT DEPARTMENT

To the Trustees of the Neurological Institute:

At last with the Spring the butterfly emerges from the cocoon. The Out-Patient Department has gone forth from its miserable cramped quarters, occupied for almost a score of years, to expand its activities in the handsome quarters on the fifth floor of the Vanderbilt Clinic built for us by our Trustees at a cost of \$36,227.50.

Inspection of the inadequate quarters just vacated makes one wonder how all the activities which were carried on there were ever crowded into the place. The answer is that the doctors and nurses and attendants working there adapted themselves to the handicaps and carried on, doing the best they could, dreaming of a better day when space and facilities would be adequate.

That day has come. The Trustees, in their far-sightedness in building for the Out-Patient Department, provided space not only for neurology, for the staffing of which we are directly responsible, but also for psychiatry that there might be a closer association of these allied branches of medicine.

Before we turn our faces steadfastly toward the future, forgetting the discomforts and handicaps of the old quarters, it is appropriate to say a word of appreciation for the faithfulness and thanks for the services of all who labored in the old vineyard to make the new possible. Only those who worked for years in the old building, always hoping for a better day, realize the leap that has been made from hovel to palace.

Our personnel has been fortunately augmented by the election to our staff of the former members of the neurological staff of the Vanderbilt Clinic. With a personnel now numbering ninety doctors, a clinic is held in the Neurological Department of the Vanderbilt Clinic five afternoons a week. The number of neurological cases applying daily is already testing the capacity of the staff. It is obvious that we could be rapidly overwhelmed. It will be the policy of the Out-Patient Department to accept only as many patients as can be carefully examined and adequately treated. The Department of Physiotherapy which we have always stressed is amply provided for in the Vanderbilt Clinic. Although an important step forward has been made in working side by side on the same floor with the Psychiatric Department, we have gone still further and have created a new service designed to tie up neurology and psychiatry even more closely in the early investigation of psychoneuroses and other mental disorders, when the outlook for recovery is hopeful. This Neuropsychiatric service will be in complete charge of the Out-Patient Department one afternoon each week.

Our Psychological Department has been provided with space in the Vanderbilt Clinic and will continue to give great aid in estimating the intelligence of mal-adjusted patients, particularly children.

Our Out-Patient Department will continue to supervise the cases of delinquent individuals referred by the courts.

The Endocrine Clinic has space on our floor of the Vanderbilt Clinic and will be able to handle more applications in a more satisfactory way.

The Syphilis Clinic has been provided with an excellent group of treatment rooms in our new floor in the Vanderbilt Clinic. We hope to have a technician connected with this service who will make blood analyses and do other laboratory work for our Out-Patient Department. This addition to our personnel is essential to the proper functioning of our department.

The persistent demand by people who wish to pay more for medical services than is required or permitted in the afternoon clinic, and yet are not able to pay the private fees of specialists, has caused us to provide operating space for the morning pay clinic in our own building and to increase the evening clinics from two to four a week. This clinic will continue to be held also every week-day morning as before.

None are more appreciative of the spacious new quarters provided for them than those who have been, and are now, giving freely of their time and skill to the out-patient work. On their behalf I wish to thank the Trustees and all those who have been interested and instrumental in providing an up-to-date workshop for greater service to those afflicted with nervous diseases.

Summaries for the years 1927 and 1928 are as follows:

Summaries for the years 1927 and 1928 are as follows:		
	1927	1928
Patients admitted to Hospital from the Clinic	1,698	1,554
Afternoon Clinic:	-,	-,
New	4,986	4,077
Revisits	8,520	7,746
Revisits (Free)	915	1,585
Treatments		15,408
Treatments (Free)		4,584
Morning Pay Clinic:	0,010	1,001
New	1.989	1,579
Revisits		1,357
Treatments	,	9,228
Endocrine Clinic:	0,022	*,
New	248	248
Revisits		1,126
Mental Health Clinic:	1,101	1,120
New	98	312
Revisits	229	256
Evening Pay Clinic:		
New	522	379
Revisits	429	401
Treatments	7,682	6,731
Treatments (Free)		711
Salvarsan Clinic:		
Treatments (Total)	1.130	1,302
Treatments (Free)		64
Total new patients	= - 1	6,595
Total re-examniations		10,886

Respectfully submitted,

C. BURNS CRAIG

Chairman, Out-Patient Committee.

## REPORT OF THE CONVALESCENT DEPARTMENT The Arietta Crane Reed Home

To the Trustees of the Neurological Institute:

It has long been a dream of the Neurological Institute to have a country branch for preventive and convalescent care. This dream has now been realized.

Eight years ago Mrs. Arietta Crane Reed died leaving \$75,000 for the establishment of a rest and convalescent home in Westchester or Putnam County, and \$75,000 as an endowment toward the upkeep of such a home. The Trustees of this Foundation built and equipped a home in Brewster, New York.

In 1927 the need of the Neurological Institute was brought to the attention of the Reed Foundation and the Trustees decided that no better use could be made of their trust than to turn it over to the use of the Institute. It was agreed that the endowment of \$75,000 should be used for upkeep and maintenance of the house and grounds, and that the Neurological Institute should take the responsibility for any expense in running the home over and above money received from patients.

The Arietta Crane Reed Home is situated two miles south of Brewster, New York. There are accommodations for fourteen patients in a pleasant and comfortable building. The Home includes land of about 120 acres, some of which is farmed.

The Home is under the direction of a Board of Trustees and is licensed by the State for the purpose it serves. Miss Agnes Laing, the Superintendent in general charge, is a nurse. She has an assistant, and the employee personnel is sufficient to care for the needs of the patients in residence and to maintain the property and land. A local physician is available in emergencies.

A Medical Advisory Committee appointed from the staff of the Neurological Institute cooperates with the Board of Trustees of the Arietta Crane Reed Home. Members of this Committee make regular visits of inspection.

The Home has two aims: to furnish, at moderate rates, a haven for those in need of rest and relaxation to prevent a nervous or mental breakdown; to complete the rehabilitation and restoration to health of patients who are convalescent from diseases of the nervous system, including psychoneuroses, but who are no longer in need of hospital or active medical care.

Applications for a stay at the Home, which is known as the Arietta Crane Reed Convalescent Farm, are received by the Superintendent of the Neurological Institute, and patients are selected particularly from the standpoint of their ability to adapt themselves to the social demands of the group. Every application must be passed upon by a member of the Medical Advisory Committee.

Patients staying at the Convalescent Farm are not in need of continuous or active medical care or supervision. Each patient is expected to keep his room in order and to assume some task which is assigned by the Superintendent. Handcraft or some form of occupational therapy is encouraged. There are facilities for outdoor activities.

Through the very efficient management of the Superintendent, the Farm has been run, for the past year, without a deficit.

The Neurological Institute owes a deep debt of gratitude to the Reed Foundation for this useful and unusual provision for convalescent care.

Respectfully submitted,

GEORGE H. HYSLOP, M.D. Chairman, Medical Advisory Committee.

### REPORT OF SUPERINTENDENT OF NURSES

To the Trustees of the Neurological Institute:

Our dream for many years of an adequate home for nurses is about to be realized. Within the next few weeks we expect to move to our new quarters at the Medical Center. Much time and thought has been spent on the furnishing and equipment of the home and also the selection of our staff of Supervisors. Our Instructor has been installed and is working out a comprehensive course for students in neuro-anatomy and physiology, principles of neurology and psychiatry, neuro-surgery (technique and operative procedures in brain, spinal cord and nerve surgery) case studies and follow-up in nursing care, psychopathology and mental hygiene, psychology, mental tests and classification, endocrinology. A number of students have already enrolled for the course.

Recently two of our special nurses called at our office to suggest raising funds to pay for the building and maintenance of a room for nurses who may be ill. Up to January 1, 1929 nearly \$8,000.00 had been pledged and we hope to raise the full endowment later. This group of nurses has also made 115 pairs of hand-made curtains for the home.

We are greatly indebted to Mr. Moise of James Gamble Rogers, Architects, for the selection of furniture for the nurses' lounge and library, and Mrs. Walter Timme who has so ably acted as Chairman of the Nursing Committee and also on the Furnishing Committee of the home, and her co-workers composed entirely of physicians' wives, who have contributed a great deal of time and energy and money to make the home attractive, furnishing books for the library, tea service, marking linen, etc.

We appreciate the kindness of the physicians and surgeons in caring for our sick nurses.

Respectfully submitted,

GERTRUDE M. DWYER, R.N.

Superintendent of Nurses.

### SUPERINTENDENT'S REPORT

To the Trustees of the Neurological Institute:

In March 1929 the Neurological Institute is to move into its new building at the Medical Center. A short sentence—but much of the past two years has been devoted to the accomplishment of that end.

The year 1927 brought its usual tasks of caring for the eighty-six patients that have filled the hospital to capacity nearly every day in the year, and clearing the way as rapidly as possible for the many on the outside clamoring for beds. In addition, the mechanical operation of the hospital has required unusual attention to tide us over until the move—plumbing had to be patched, the heating system repaired but as little as possible and still render the necessary service, and in spite of our most careful efforts a new water tank had to be installed on the roof to prevent a deluge for ourselves and our neighbors.

The past year has demanded double duty for beside the many demands on 67th Street, part—and sometimes all—of each day has had to be given to the new building rapidly taking form and shape in 168th Street.

First there were the plans to be studied, re-studied and studied some more. Then came the furnishing. A deep debt of gratitude is due Mrs. Henry P. Davison, Chairman, and her Committee on House Furnishings for the new hospital, for their untiring efforts with this part of the work. During all of the terrifically hot summer they labored over color schemes and furniture, curtains and rugs. Each detail was given the utmost attention in an effort to make the hospital as pleasant a place as possible to be in—not just an institution. Next the doctors had to be consulted and pressed into service to assure the best medical equipment that could be obtained.

But the dream that has become a reality has been more than worth the price. We hope that the new Neurological Institute embodies the best that modern science, in its most practical application, has to offer. We can now accommodate 211 instead of 86 patients and we look forward with gladness to all that this means for our special field.

We ask the public to rejoice with us in the completion of the new hospital and to help us maintain not only its standards of service but its wider opportunity for study and research. Much smaller in size, but of almost equal satisfaction, has been the acquisition of a country home for convalescent patients. In June 1927, through the interest and efforts of one of our doctors, the Arietta Crane Reed Home, an endowed country place at Brewster, New York, for those in need of rest and relaxation at moderate rates, was generously turned over to the Neurological Institute for the use of its convalescent patients. The Home can now accommodate fourteen, with facilities for considerable growth when funds are available, and we are happy to report that through the services of Miss Laing, the Superintendent in charge, the Home has been self-supporting for the past year. The quiet and peace of this refuge have furnished renewed energy and a fresh outlook on life for many, preventive measures for others, and it is difficult to estimate the vast good that is being accomplished there from day to day.

I cannot close my report without expressing my appreciation to the Board of Trustees, Co-operative Committee, Medical Board and Staff and Personnel of the hospital for their gallant help and co-operation through all the special vicissitudes of the past two years.

Respectfully submitted,

ESTHER F. RIVINGTON, R.N. Superintendent.

### **SUMMARY**

### Patients Admitted to the Hospital

	1926	1927	1928
Private—			
Male	153	150	149
Female	151	138	130
Semi-Private—	120	146	1.00
Male Female	130 197	146 216	162 196
Ward—	131	210	190
Male	576	577	486
Female	343	328	314
Free-			
Male	56	94	70
Female	38	48	47
Total	1,644	1,697	1,554
	1	,	1,004
Number of Pati	ent Day	S	
Private	5,874	5,277	5,403
Semi-Private	6,701	7,536	7,843
Ward	12,830	12,462	11,923
Free	2,879	3,496	3,961
	28,353	28,771	29,130
		20,111	23,100
Dispensary P	atients		
Number of new patients	4,009	4,986	4,097
Revisits	7,451	8,480	8,676
Free	892	915	877
Treatments given	18,871	19,385	24,422
Free	2,395	3,849	4,584
Morning Pay	Clinic		
New Patients	1,876	1,990	1,592
Revisits	1,399	1,496	1,357
Treatments given	10,378	9,816	9,228
Evening Pay	Clinic		
New Patients	462	421	379
Revisits	427	429	401
	1 01		
Endocrine Week	U		222
New Patients	219	248	238
Revisits	1,242	1,107	1,432
Children's Mental H	Health Ci	linic	
New Patients	135	98	312
Revisits	364	229	256
Evening Treatme	ant Climic		
Treatments given	7,527	7,571	8,511
Free	418	441	721
		***	,
Salvarsan Biv	v		100
Treatments given	1,092	1,230	1,366
Average days stay per patient	17	17	18¾
Daily average cost per private patient	\$8.84	\$8.47	\$11.02
Daily average cost per ward patient	\$5.77	\$5.67	\$6.12
Average cost per dispensary visit	\$1.03	\$0.771/2	\$1.00

### TOUCHE, NIVEN & CO.

### PUBLIC ACCOUNTANTS

### EIGHTY MAIDEN LANE

### **NEW YORK**

April 15, 1929.

### ROBERT THORNE, ESQ.,

President, The Neurological Institute of New York, 60 Broadway,

New York, N. Y.

### Dear Sir:

We have examined the accounts of the Neurological Institute of New York for the year 1928 and present herewith the following statements:

Statement No. 1—Balance sheets, December 31, 1928, and December 31, 1927.

Statement No. 2-Income and expenses, years 1928 and 1927.

Statement No. 3-Details of expenses, years 1928 and 1927.

Statement No. 4—Condensed statement of income and expenses, for the fiscal years ended November 30, 1924, and December 31, 1925, 1926, 1927 and 1928.

### RESULTS OF ACTIVITIES

The excess of expenses over income was \$46,091.89 as compared with \$48,050.27 for the year 1927, a decrease of \$1,958.38 as set forth in the following summary:

Income:		Increase or
1928	1927	*Decrease
From patients\$265,625.61	\$264,522.11	\$1,103.50
Sundry 3,790.18	3,192.83	597.35
\$269,415.79	\$267,714.94	\$1,700.85
Expenses:		
Administration \$ 20,828.26	\$ 22,015.69	*\$1,187.43
Professional care of patients 164,388.82	154,570.82	9,818.00
Departmental expenses 109,770.78	112,614.63	*2,843.85
General house and property expenses 16,519.83	22,464.05	*5,944.22
Interest on mortgage 3,999.99	4,100.02	*100.03
\$315,507.68	\$315,765.21	*\$ 257.53
Excess of expenses \$ 46,091.89	\$ 48,050.27	*\$1,958.38

Inspection of statistics compiled at the Institute shows a total number of free patient days exclusive of outside patients of 2549 for 1928 as compared with 3465 for 1927, a decrease of 916 free patient days.

Additional amounts received from the Commonwealth Fund for epilepsy and multiple sclerosis research have not been recorded, as heretofore, as income or expenses and no provision is being made for depreciation of fixed assets.

Yours faithfully,

TOUCHE, NIVEN & CO.

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INSTITUTE OF NEW YORK	
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Statement No.1

Statement No. 1	December 31, 1927		\$ 2,692.94			272,485.28		4,146.94	\$279,325.16		\$ 11,247.57 80,000.00				188,077.59	\$279,325.16
12	Decembe	\$ 1,992.94 700.00		\$233,227.42 7,516.37	20,862.71		\$ 361.94 3,660.00 125.00			\$ 8,503.78 1,000.00 843.79 900.00		\$553,467.41	\$317,339.55 48,050.27	\$365,389.82		
F NEW YORK	: 31, 1928		\$ 2,564.06			272,689.87		4,194.35	\$279,448.28		\$ 13,923.82 80,000.00				185,524.46	\$279,448.28
STITUTE OF	December 31, 1928	\$ 1,519.01 1,045.05		\$233,227.42 7,516.37	21,067.30 10,878.78		\$ 409.35 3,660.00 125.00			\$ 11,770.45 999.99 253.38 900.00		\$597,006.17	\$365,389.82 46,091.89	8411,481.71		
THE NEUROLOGICAL INSTITUTE OF NEW YORK	ASSETS	Current Assots: Cash Sundry debtors	Fixed Assets:	At cost: Land, buildings and improvements	tions, at cost: Furniture and fixtures	a c	Prepaid Expenses: Insurance Supplies inventoried (estimated) Rent		LIABILITIES	Current Liabilities: Accounts payable Accrued interest payable Patients' advance payments	Mortgage Indebtedness, payable April 1, 1927, at 5%	Capital: Contributed funds	Deficit: Balance, January 1, 1928 Deficiency, year 1928, per Statement No. 2	Balance, December 31, 1928		, b.

### Income and Expenses

			Y	Year 1928			
	Income:	Board and attendance		X-Ray treatments	Sundry Special X-Ray services and nursing treatments examinations Total	s Total	Year 1927 Total
80	Private patients       \$ 55,67.62       \$81,518.77       \$ 9,641.94       \$10,666.08       \$101,332.18         Semi-private patients       \$40,755.18       \$12,660.37       \$2,301.50       \$5,908.35       \$61,625.40       \$54,808.22         Ward patients       \$35,601.60       \$3,086.76       \$1,591.00       \$2,891.84       \$43,171.20       \$44,895.06         Outside patients       \$6,208.30       \$53,954.63       \$60,162.93       \$63,486.65	\$ 55,567.62 40,755.18 35,601.60	55,567.62 \$31,518.77 40,755.18 12,660.37 35,601.60 3,086.76	\$ 3,987.75 \$ 2,301.50 1,591.00 6,208.30	55,567.62       \$31,518.77       \$3,937.75       \$9,641.94       \$100,666.08       \$101,332.18         40,755.18       12,660.37       2,301.50       5,908.35       61,625.40       54,808.22         35,601.60       3,086.76       1,591.00       2,891.84       43,171.20       44,895.06         6,208.30       53,954.63       60,162.93       63,486.65	9,641.94       \$100,666.08       \$101,332.18         5,908.35       \$61,625.40       \$54,808.22         2,891.84       \$43,171.20       \$44,895.06         53,954.63       \$60,162.93       \$63,486.65	\$101,332.18 54,808.22 44,895.06 63,486.65
		\$131,924.40	\$47,265.90	\$14,038.55	\$131,924.40 \$47,265.90 \$14,038.55 \$72,396.76 \$265,625.61 \$264,522.11	\$265,625.61	\$264,522.11
	Sundry income:  Sales of hospital supplies  Interest and discount received  Income from sundry sources					202.76 1,712.05 1,875.37	973.28 1,606.34 613.21
	Expenses, per Statement No. 3				, 52	\$269,415.79 \$267,714.94 315,507.68 315,765.21	\$267,714.94 315,765.21
	Deficiency, to Statement No. 1.				,	\$ 46.091.89 \$ 48.050.27	\$ 48.050.27

### Details of Expenses

	1928	1927
Administration Expenses:		
Salaries—officers and clerks	\$ 13,812.41	\$ 14,912.74
Office expense	651.17	461.99
Stationery, printing and postage Telephone, telegraph and miscel-	1,249.26	1,879.45
laneous	5,115.42	4,761.51
	\$ 20,828.26	\$ 22,015.69
Professional Care of Patients:		
Salaries and wages	\$ 85,788,46	\$ 77,647.94
Medical and surgical supplies	8,065.58	5,997.87
Dispensary	34,744.45	35,902.46
Operating room	7,110.70	5,502.89
X-Ray	9,410.08	10,777.91
Psychological laboratory	8,162.40	7,839.49
Pathological laboratory	10,957.15	10,902.26
Neuropathological laboratory	150.00	10,902.20
	° \$164,388.82	\$154,570.82
Dengatmental Foreness		
Departmental Expenses:		
Housekeeping:		
Wages\$1		3,482.08
Supplies, cleaning, etc.	3,540.71	5,123.41
	\$ 22,057.97	\$ 24,605.49
Kitchen	5,820.80	5,646.50
Laundry	10,296.01	10,257.12
Steward's department:	,	,
Labor\$	1.548.00 \$ 1	,593.00
Bread		940.71
Milk and cream		7,005,13
Groceries		3,789.89
Butter and eggs		3,715.55
Fruits and vegetables	-,	5,148.30
		3,079.94
	52,430.23	51,272.52
Occupational therapy	2,760.65	2,618.69
Social service:		
Salaries\$1	0,557.34 \$ 9	,539.01
Rent	1,520.00	,425.00
Sundry administrative expense	589.64	767.89
	12,666.98	11,731.90
Publicity committee	3,738.14	6,482.41
	\$109,770.78	\$112,614.63

### Details of Expenses

	192	28	19	927	
General House and Property Expenses:					
Rent	\$	1,464.00		\$	6,249.00
Electricity, light and power		3,793.43			3,893.33
Fuel, oil and waste		4,199.51			4,132.23
Gas and ice		2,192.11			2,369.68
Maintenance:					
Wages of engineer and assistant\$	2,474.90	\$	2,529.4	19	
Property and equipment	1,197.12		1,844.0	06	
Machinery and tools			102.9	90	
Plumbing and steam lines	235.35		333.6	68	
		3,907.37		_	4,810.13
Insurance	_	963.41			1,009.68
	\$	16,519.83		\$	22,464.05
Interest on Mortgage	\$	3,999.99		\$	4,100.02
Total Expenses, to Statement No. 2	\$8	315,507.68		\$3	15,765.21

### Condensed Statement of Income and Expenses

			Income					Expenses		
	1928	1927	1926	1925	1924	1928	1927	1926	1925	1924
December\$		60	 	-	\$ 21,040.79	99	-	-		\$ 22,466.0
January	22,356.10	24,392.12	22,809.92	19,499.51	22,158.02	25,954.73	26,324.82	27,100.10	26,037.75	22,948.0
February	24,998.51	22,291.06	20,205.75	16,493.41	21,458.19	26,102.63	25,974.62	24,087.48	22,924.27	22,251.0
March	25,361.77	23,896.83	24,215.84	24,001.62	23,432.97	27,830.95	26,030.64	26,798.72	24,285.99	22,781.2
April	23,275.12	23,583.71	21,378.47	22,159.95	22,548.56	26,417.83	26,681.34	25,945.74	25,327.95	22,968.0
May	24,260.25	23,939.61	25,464.89	22,515.05	24,288.24	26,911.62	28,362.93	26,440.02	25,167.54	22,578.0
June	22,375.44	24,856.06	23,745.08	23,679.64	20,710.64	25,642.34	25,995.85	26,484.46	24,184.03	22,766.4
July	20,330.40	20,331.74	20,429.18	19,557.25	20,255.13	25,867.49	24,809.20	25,601.22	23,910.65	22,401.7
August	18,941.02	19,825.78	21,480.05	19,705.60	19,442.02	25,856.65	25,999.35	25,703.92	24,451.38	20,531.3
September	19,154.42	19,266.94	20,769.32	20,422.43	19,894.05	24,371.72	26,123.99	26,434.27	24,618.11	21,488.9
October	22,520.00	21,516.10	23,423.19	24,024.62	22,730.91	26,524.67	26,475.55	27,091.64	27,476.18	22,771.2
November	23,662.47	21,552.09	23,914.43	21,113.08	22,070.39	28,975.35	26,914.66	26,838.86	26,422.47	22,650.1
December	22,180.29	22,262.90	21,725.85	23,852.88		25,051.70	26,072.26	27,711.34	26,107.59	
Total income \$269,415.79 \$267,714.94 \$269,561.97 \$257,025.04 \$260,029.91	269,415.79	\$267,714.94	\$269,561.97	\$257,025.04	\$260,029.91	\$315,507.68 \$315,765.21	8315,765.21	\$316,237.77	\$300,913.91 \$268,602.4	\$268,602.4
Total expenses 315,507.68	315,507.68	315,765.21	316,237.77	300,913.91	268,602.40					
Deficiency \$ 46,091.89 \$ 48,050.27 \$ 46,675.80 \$ 43,888.87 \$ 8,572.49	46,091.89	\$ 48,050.27	\$ 46,675.80	\$ 43,888.87	\$ 8,572.49					

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### During the Years 1927 and 1928

Financial contributions are gratefully acknowledged from those named below:

Anonymous (Through Miss Rivington) Mrs. Abraham Abrams Mrs. George A. Adam Mr. Benton E. Adams Mrs. Margery L. Adams Miss Edith Adler Mr. Nathan Agar Mr. George B. Agnew Mrs. Albert Alberti Mrs. Arthur Aldis Mrs. Richard Aldrich Miss Agnes Alexander Mrs. Nellie R. Alexander Mr. Frederic W. Allen Altman Foundation B. Altman & Company Mr. Charles N. Alvarez Mr. J. Sinclair Armstrong

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### SPECIAL FUNDS

### For the Years 1927 and 1928

	1927	1928
From the United Hospital Fund\$	3,498.33	\$ 3,324.67
FOR RESEARCH		
Appropriations from Commonwealth Fund:		
For Multiple Sclerosis Research\$	3,089.23	\$ 6,000.00
For Epilepsy Research	4,820.00	6,025.00
From Mr. Louis Bamberger		2,500.00
From Mr. Z. Marshall Crane		1,000.00
ENDOWMENT		
From the Estate of Gertrude S. Hencken:  For the endowment of a bed in the Women's Ward and a bed in the Children's Ward	10,000.00	
From the Estate of Henrietta M. Tenney: For Free Beds		\$25,000.00
Funds for the Dr. J. Ramsay Hunt endowed Neuro- Psychiatric beds	15,000.00	
On account of fund to endow Red Cross Room for use of Graduate Nurses of any recognized School of Nursing, through the New York Counties Registered Nurses Association		7,245.18
On account of fund to build and maintain Rivington- Dwyer Room for use of nurses, raised by the nurses of the Neurological Institute and their friends		5,344.09

### OUT-PATIENT SERVICE

This service aims to meet the need not only of the poor, but of the self-supporting patient who can afford to pay but whose financial circumstances will not permit consultation at a physician's office.

### PRIVATE CLINICS

Mornings
10 A. M. daily, except Sunday or holidays.

### Evenings

7 P. M. Monday, Wednesday, Thursday and Friday.
Fees—\$5.00 for examination and revisits to see the physician.
A moderate charge is made for X-rays and laboratory examinations.

### TREATMENT CLINICS

Patients referred	from Private	Clinics or	by physicians	connected	with	the
Institute may obt	ain treatment,	at the follo	owing hours:			

Men.....Tuesday, Thursday and Saturday, 1:30 to 3 P. M. Women.....Monday, Wednesday and Friday, 1:30 to 3 P. M.

Patients who cannot attend the afternoon clinics may obtain treatment in the evening at the following hours:

The rates for both afternoon and evening treatments are as follows:

Massage, general\$2.00 per treatment
Diathermia 2.00 per treatment
Massage, local 1.00 per treatment
Other Treatments 1.00 per treatment

### VANDERBILT CLINIC

1:30 P. M. daily except Saturday, Sunday or holiday by appointment only.

Fee for examination-\$1.00, less or free.

Revisits to see physician-50 cents.

X-rays-cost, less or free.

Laboratory examinations—a small fee or free.

Use of other departments in Vanderbilt Clinic by refer-50 cents, less or free.

### ENDOCRINE CLINIC

Thursday 10 A. M. For referred cases only.

CHILDREN'S MENTAL HEALTH CLINIC Friday 2 P. M. For referred cases only.

### RULES AS TO THE ADMISSION OF PATIENTS

1. Patients must be examined by one of our physicians, either in his office or at one of our clinics, before admission, to ascertain if they are suitable cases for this hospital. Applications for admission of patients living out of the city must be accompanied by a detailed history from a reputable physician.

If able, ward patients must apply in person at one of the clinics for examination. If helpless or very ill, one of the examining physicians appointed by the Medical Board will be sent to examine patients at their home, for which the following fees will be charged:

\$10.00 to \$15.00 for calls in Manhattan, Bronx and Brooklyn. \$25.00 for calls in Staten Island, Long Island and New Jersey.

- 2. Patients will be admitted between 9 A.M. and 5 P.M. unless previous arrangements have been made.
- 3. All ward patients are required to pay \$28.00 per week for board and treatment or such smaller sums as may be determined by the circumstances of the case, of which the Trustees shall be the sole judges. No one shall ever be refused admission on account of inability to pay unless the resources of the hospital are exhausted.
- 4. No patient suffering from any readily communicable disease shall be admitted, nor any whose case does not require the special benefits of the hospital, nor shall any patient be admitted whose case is judged to be incurable, except for further diagnosis, unless there be urgent symptoms, which in the opinion of the attending physicians or surgeon, are capable of being relieved.
  - 5. Private rooms—from \$6.00 to \$25.00 per day.

Extra charges are made for medical attendance, X-rays, laboratory examinations, special medicines, operating room and anesthesia, and treatments such as baths, massage, electricity, baking, exercise or occupation.

### **RULES FOR VISITORS**

- 1. Visiting hours for private patients, from 10 A. M. to 9 P. M. daily, at the discretion of the attending Physician.
- 2. Visitors will be admitted to the wards on:

Mondays, Wednesdays, Thursdays, and Saturdays, from 7 to 8 P. M.,

Tuesdays and Fridays, from 2:30 to 4 P. M.,

and at no other time except by special permission from the Superintendent when a patient is in a serious condition.

- 3. Only two visitors will be permitted to see a ward patient each day.
- 4. Patients reported as seriously ill by the Physician or Surgeon will be permitted to see members of the family at any time.
- 5. Only fruit, jelly and ice-cream may be brought for patients. Such packages must be left with the nurse and, if approved by the Physician, will be given to the patient.
- 6. Visitors must observe order and propriety while in the Hospital, must confine their visits to their immediate friends, must not stop or loiter in the halls, offices or on stairways, and must leave the building promptly at the end of the visiting hours. Any violation of these rules may subject the offender to exclusion from the premises.
- 7. All letters of inquiry regarding patients should be addressed to the Superintendent.







### FORM OF BEQUEST

I give and bequeath to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, the sum of.....dollars.

### FORM OF DEVISE OF REAL ESTATE

I give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.) MECOLLECTION

### SEVENTEENTH REPORT



THE NEUROLOGICAL
INSTITUTE

OF

NEW YORK



### SEVENTEENTH REPORT

OF

### THE NEUROLOGICAL INSTITUTE

OF

**NEW YORK** 

FOR THE YEARS 1929-1930

NEW YORK CITY
FORT WASHINGTON AVE. AND WEST 168th STREET



For the Study and Treatment of Nervous and Mental Diseases

Incorporated 1909

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# In Memoriam

# MRS. JOHN BLAIR

At the first meeting of the Trustees of the Neurological Institute after the death of Mrs. John Blair, the following minute was unanimously adopted:

The Trustees of the Neurological Institute record with deep sorrow the death, on November 5, 1930, of Mrs. John Blair, a fellow member of this Board.

Mrs. Blair came to the Neurological Institute as Financial Secretary in 1923 and upon her resignation from that office in 1927 was elected a Trustee and later became a member and Secretary of the Executive Committee. During all of this period she continued to render loyal, devoted and invaluable service to the Institute in aiding it to carry its financial burdens, in widening the circle of its friends and supporters, and in the development and operation of its administrative organization.

She brought to the discharge of every duty the tact, ability, energy and personal charm which enabled her successfully to cope with any problem however difficult.

The Neurological Institute and we, her fellow Trustees, have suffered an irreparable loss in her death.

# In Memoriam

## DR. JUNIUS W. STEPHENSON

The Medical Board of the Neurological Institute at its meeting on April 22, 1930, adopted the following resolution by a silent rising vote:

By the death of Dr. Junius W. Stephenson on March 8, 1930, in his forty-fourth year, the Neurological Institute of New York has suffered the loss of one of the pioneer members of its medical staff.

Dr. Stephenson came to New York in the spring of 1911, and entered the field of neurology. The Neurological Institute had only the previous year opened its doors and when Dr. Stephenson began his work on the Second Division under Dr. Peterson, he became enrolled among the pioneers of this important and enduring organization. His integrity and faithfulness were recognized from the start as well as his fine traits of judgment and resourcefulness.

When American participation in the World War came in 1917, Dr. Stephenson volunteered for service in the Medical Corps. His army service was both in the United States and France and upon his discharge from the army he had risen to the rank of Major.

In 1919, Dr. Stephenson returned to his practice in New York and to increasing responsibility in the work of the Second Division of the Institute, where he came to be Attending Neurologist. He had become a member also of the Bellevue Hospital Neurological Service under Dr. Kennedy and an instructor in the Cornell University Medical College.

In 1920, Dr. Stephenson married Miss Ruth Walther. Mrs. Stephenson and their two sons survive him.

Dr. Stephenson held numerous affiliations in medical societies of importance. He was a member of the New York Neurological Society, an Associate Fellow of the Harvey Society, and a Fellow of the Academy of Medicine of New York and was particularly active in the Section of Neurology and Psychiatry. He was a recent Chairman of the Section, a post which he filled with enthusiasm and efficiency.

Dr. Stephenson throughout his life displayed fine qualities of friend-ship and loyalty. He saw clearly and with understanding and sane judgment. Because of these attributes he made himself a valued member of this hospital organization. In all his affiliations, his work has been characterized by faithful regard of clinical and administrative responsibilities. Above all, his honesty and his frankness in dealing with his associates won our admiration and affection.

In the death of Dr. Stephenson, the Neurological Institute of New York has suffered a great loss, and the Medical Board of the Institute one of its most valued members.

# REPORT OF THE PRESIDENT

To the Trustees of the Neurological Institute:

The Institute is meeting in full measure the larger duty and responsibility arising out of the larger opportunity for service and scientific achievement afforded by its new building.

Six months after the removal to our new building our organization was expanded to care properly for nearly three times the number of patients in the old hospital, and since October 1, 1929, the wards have been continuously full and approximately one-third of the ward service has been free.

The educational work contemplated by the affiliation with Columbia University in the Medical Center is fully organized and carried on in conjunction with the Department of Neurology of the Medical School, and forms an integral part of the medical courses of the University.

Under the able direction of Miss Dwyer, the Superintendent of Nurses, post graduate courses have been established for the special training and instruction of nurses for nervous and mental cases, and there is already a full enrollment in those courses.

Through the generosity of members of the Board of Trustees and of other friends, special funds have been provided for research, and the Committee on Research and Publication have established and have already published the first number of The Bulletin of the Neurological Institute containing reports of work already done in the Institute—and a second number will be issued in the spring containing further important contributions to neurological science.

The whole Institute is now functioning smoothly and efficiently by reason of the same spirit of loyal and devoted service and of cooperation in the Medical and Administrative Staffs which enabled us to carry on successfully under the handicaps imposed by the inadequacies of the old hospital. A special word of appreciation is due to the Superintendent, Miss Rivington, and her assistant, Miss Byron, and to Miss Dwyer, the Superintendent of Nurses.

I wish to add also a word of personal appreciation of the very great service rendered to the Institute by Mrs. Blair as financial secretary, trustee, member and secretary of the Executive Committee, and Chairman of the Nurses' Committee. The Institute has suffered a very great loss in her untimely death, and I am glad that her memory is to be perpetuated by a suitable memorial.

Respectfully submitted,

ROBERT THORNE,

President.

## REPORT OF THE MEDICAL BOARD

To the Trustees of the Neurological Institute:

The year 1931 finds the Neurological Institute well established in its new quarters, carrying on the tasks which were begun in 67th Street, and functioning as an important adjunct of the Presbyterian-Columbia Medical Center, where it fulfills its purpose as an integrating unit of this system.

The extra responsibilities caused by more than double the bed capacity of the old Institute, the distant location and the active consultation service throughout various parts of the Center, have been accepted and cheerfully accomplished by the entire staff.

The Out-Patient Department is functioning smoothly and with an increase of patients as well as medical personnel it is deriving great advantage of consultations with other branches of medicine and is contributing opinions in a constantly increasing number.

The Neuro-psychiatric clinic is most active. It is gratifying to note that practically every kind of psychotherapy is being employed in this clinic for the welfare of this type of patient. The court clinic, after numerous discussions, was remodelled so that at the present time only specially selected cases presenting problems of particular interest are received and studied.

The change in the plan of organization whereby the voting members of the Medical Board were increased, has proven most satisfactory. During the past year it has been augmented by the addition of the directors of the X-ray Department, the Department of Clinical Laboratories and the Department of Neuropathology.

At the close of 1930 it was decided to increase the Medical Board further by the addition of one associate from each division. It is expected that this will bring another group of workers into a closer contact with the Medical Board and stimulate their interest and sense of responsibility toward the hospital management.

The Executive Committee and the Standing Committees have operated most successfully. The Medical Board has been relieved of many perplexing details, of lengthy discussions, and decisions have been reached at a great saving of time.

By far the most radical change instituted since we moved up-town has been the creation of a Committee on Research and Publication, a separate report of which will appear in this issue. Through the great generosity of a group of the Directors, funds are now available for the promulgation of many research projects which could not have been undertaken without proper financial aid. In addition to these research

problems the committee is coordinating the publication and research activities of the entire medical staff. They are not only guiding and supervising the research problems of the entire staff, but through decision of the Medical Board they are acting as censors and no publication in which clinical material of the Institute has been used, can appear without their approval. This will prevent not only duplication of publication but also duplication of research efforts and settle questions of priority.

One of the steps which has brought the Institute in closer contact with the activities of the Center has been the invitation of the Chairman of the Medical Board of the Neurological Institute to attend the meetings of the medical board of the Presbyterian Hospital. In this way matters of common interest to both institutions have been discussed with freedom and the coordination of activities has been facilitated.

The special pay clinics have continued to work at full capacity and the demand for them has been so great that additional clinics have been established. At the present time each division is maintaining two pay clinics a week; there is a Surgical pay clinic, an Endocrine pay clinic and a Child Guidance pay clinic.

Quarters were set aside for the Matheson Commission on Encephalitis, and its great research program devoted almost exclusively to the therapeutic chapter of this disease, has been working at a very high standard of efficiency.

The Medical Board desires to express its profound regret and great sense of loss caused by the death on March 8, 1930, of Dr. Junius Stephenson.

We have completed almost two years of residence in our new home. The enthusiasm and confidence with which we entered remain unabated. We are constantly striving to improve our knowledge of the diseases which we are treating, and we hope to continue to justify the confidence of those who have provided us with the facilities for carrying on this work.

The Medical Board takes this occasion at the close of the year 1930 to express its appreciation of the continued sacrifice of time and energy by the President of the Board of Trustees and the great generosity and unselfish devotion of the members of the Board of Trustees.

The Medical Board desires to express its gratitude for the devotion and loyal support accorded it by the Superintendent, Miss Rivington, and Miss Dwyer, the Supervisor of Nurses, and their respective staffs.

Respectfully submitted,

EDWIN G. ZABRISKIE, M.D., Chairman.



VISITORS' ROOM ON A PRIVATE PATIENT FLOOR

# REPORT OF COMMITTEE ON RESEARCH AND PUBLICATION

To the Trustees of the Neurological Institute:

This Committee was organized to supervise the research and publication activities of the Institute. Its membership comprises representation from the Board of Trustees and the Medical Board. In so far as possible it subsidizes investigations carried on by members of the Neurological Staff and has made appropriations from the research fund to several special projects which have already been undertaken. In the past year these appropriations have been made exclusively for studies which are based upon or controlled by morphological, physiological, biochemical or pathological investigations. While it is hoped that funds will later be available for purely clinical studies, the committee has been strongly inclined to devote its efforts and present resources to the furtherance of such work as bears the stamp of verification from the research laboratories.

Thus far seven major projects have been subsidized by the committee:

- 1. The nature and further study of brain tumors, under the direction of Drs. Elsberg and Orton.
- 2. Disorders of the language function: The difficulties in acquisition and loss of language skill, under the direction of Dr. Orton.
- 3. Human behavior in its relation to brain structure, under the direction of Drs. Tilney and Chaney.
- 4. Photographic investigation of the optic fundus in brain tumors and allied conditions, under the direction of Drs. Craig and Elsberg.
- 5. Experimental studies of convulsive states, under the direction of Drs. Elsberg and Pike.
- 6. Experimental studies in multiple sclerosis, under the direction of Drs. Tilney and Cornwall.
- 7. Investigations of the neural mechanisms of headache, under the direction of Dr. Riley.

The investigation of brain tumors is devoted largely to the nature of spongioblastomas, especially the comparative development of cells and mode of growth in large tumor masses, the effects of radiation and operative procedure, as well as an intensive study of the cell types found in the spongioblastoma group of tumors.

The problem of language disabilities is one in which Dr. Orton has long been interested. The researches under his direction aim to determine the causes of difficulty in acquiring facility in the use of language—speaking, reading, spelling, and the causes of loss of language skill. The development of methods for retraining in order to facilitate accurate acquisition of language skill and to correct defects is also included in the investigation.

The study of human behavior in its relation to brain structure is proceeding as two concurrent divisions of investigation. The first division deals with the behavior and the structural development of the brain in several types of vertebrates including the opossum, rat, guinea pig, pig, cat, and man from the earliest embryonic stages to maturity. The second division is engaged in the study of behavior of children from birth through the succeeding stages of development. This work is carried on in cooperation with the Sloane Hospital for Women and Babies Hospital.

The photographic studies of the optic fundus in brain tumors and allied conditions aim to bring to light many important details concerning early diagnosis and differential criteria in connection with new growths and injuries of the brain.

Experimental studies of the convulsive states have been in progress for several years and a number of important contributions have already appeared as the result of this work.

The investigation of multiple sclerosis has also been carried on for some time and has produced a number of communications bearing upon the nature of this prevalent disease.

Among its many research undertakings the Macy Foundation has recently given attention to the problem of headache, especially migranous headache. Through its President, Dr. Ludwig Kast, the Institute has been asked to participate in this work and a fund has been provided by the Foundation for special studies into the neural mechanisms underlying this wide-spread malady.

The Committee has accepted as one of its chief responsibilities the publication of the "Bulletin of the Neurological Institute." This journal, authorized by the Board of Trustees and Medical Board and regarded as an integral part of the research program, is to be published three or four times a year. It is intended to provide a means of publication for members of the staff and to stimulate research work in the Institute. The results of this undertaking have thus far been most gratifying.

The first number of the Bulletin was issued in January, 1931. It contained eight original articles by the following contributors: Drs. Elsberg, Tilney, Orton, Deery, Brickner, Klingman, Malcolm and Coombs, Wortis and Pike. Material for the second number of the Bulletin which is to be issued in May of this year, is in the hands of the Committee. It contains the following articles:

Special Disabilities in Spelling, by Dr. Samuel T. Orton.

A Method of Ventriculography, by Dr. Edwin M. Deery.

Preservation of Human Muscle for Hemostatic Use at Operation, by Dr. Leo M. Davidoff.

A Case of Dermoid Overlying the Cerebellar Vermis, by Drs. Samuel Brock and Dorothy Klenke.

The Extradural Ventral Chomdromas (ecchondrosis): their favorite sites, the symptoms they produce and their surgical treatment, by Dr. Charles A. Elsberg.

The Roentgenotherapy of Pituitary Tumors, by Drs. Cornelius G. Dyke and Sydney Gross.

The Occurrence of Calcification in Gliomas, by Dr. Clement B. Masson.

Behavior in its Relation to the Development of the Brain, by Dr. Frederick Tilney.

In bringing to a conclusion the first year of its work the Committee wishes to express its sincere appreciation to all of those who either by their generous support or by their interest have in any way contributed to the development of research and to the reputation of the Neurological Institute as a scientific organization.

Respectfully submitted,

FREDERICK TILNEY,

Chairman.

# REPORT OF DEPARTMENT OF NEURO-ENDOCRINOLOGY

To the Trustees of the Neurological Institute:

The Director of the Department of Neuro-Endocrinology begs herewith to submit his report for 1929-1930 on the progress of that Department.

This period represents the first years of the activity of the Department in the Medical Centre. The statistical picture, as compared with the old figures, is about as follows:

	New Cases	Referred Cases	Total Visits
1928 (67th Street)	248		1429
1929	244	38	1727
1930	290	79	2240

By "referred cases" is meant those that are sent for diagnosis from other departments and institutions of the Medical Centre. So that it is apparent that the work of this division of the Neurological Institute is increasing steadily. This in spite of the fact that a "goitre clinic" established at the Vanderbilt Clinic under the auspices of the Surgical and Medical Departments of the Presbyterian Hospital takes practically all the thyroid cases that apply at the Clinic, save those that are specifically referred to us. This not only cuts down our clinic number, but also limits our teaching in that not a sufficient wealth of thyroid material is at hand. Steps are to be taken to remedy this situation if possible.

As stated in previous reports, the work of this Department is largely in the field of preventive medicine—in enabling those individuals who by deficiency or imbalance of their internal glandular system resulting in stature deformities, fatigue states, mental and physical and developmental inadequacies, conduct disorders and allied conditions, are unable to cope with the problems the world presents to them, to approach a normal state or to rehabilitate themselves. In most cases, therefore, it is not a question of disease that confronts us, but one of inefficiency. Our success in this modern field of medicine is, I think, indicated by the increasing number of patients and by their expressed appreciation for the help they receive.

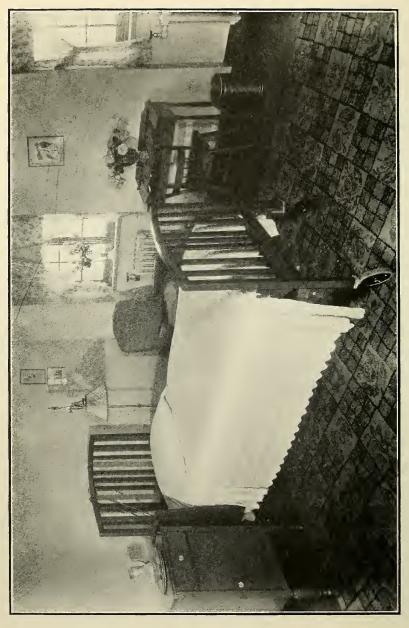
The Director desires at this time to express his thanks to those in the Department who have worked so assiduously during the past years to make it successful; their cooperation in the work, their interest in this field of medicine and their unselfish sacrifice of time, are the basis of whatever merit there may be in our results.

Respectfully submitted,

WALTER TIMME, M.D.

Director.







A SMALL PRIVATE ROOM TO MEET THE NEEDS OF THE MODERATE INCOME



# REPORT OF COMMITTEE ON SPECIAL DEPARTMENTS

To the Trustees of the Neurological Institute:

The Departments in which this Committee is particularly interested are: the Department of Physical Therapy, the Occupational Department and the Private Clinic.

There has been a very distinct increase in the appreciation of the value of physical remedies on the part of the Staff during the past year, resulting in a considerably greater number of treatments being given. The Committee has repeatedly called the attention of the Staff at the Medical Board Meetings to the numerous forms of treatment which our Physical Therapy Department offers and has urged them to take advantage of the wide variety of treatment which our well equipped Department affords.

During the year several important changes have been made in the personnel of the Department, including that of the Directorship. These changes have worked for the good of the service.

The Medical Board has adopted an entirely new attitude toward the Occupational Department. Whereas, previously, this form of therapy was offered only to those patients for whom it was prescribed, now, all ward patients are given Occupational Therapy unless the Attending Physician orders otherwise. This policy has resulted in giving the Occupational Department many more patients and in creating a great increase in work with resultant benefit to many patients.

The Pay Clinic has had created in it during the past year the following special clinics: Nose and Throat, Eye, Children's, Surgical, and Endocrine.

Considerable interest has been manifested in these special Clinics, particularly the one for Children and the Endocrine Clinic. There was a slight decrease in the number of new cases and in the number of revisits in the general Neurological Clinic, probably due to general financial depression, but the attendance at the newly created Departments of the Clinic brought the total number of visits up to 4,262 whereas last year the total number was 4,211.

In view of the fact that all three of the above Departments are now manned by a personnel which is almost new throughout since our occupation of this building, the Committee feels that the Institute is to be congratulated on the progress which has been made and feels warranted in assuring the Board of Trustees that as time goes on an even smoother running of these Departments will take place which will benefit both the Hospital and the patients.

Respectfully submitted,

C. BURNS CRAIG, M.D.

Chairman.

## REPORT OF SUPERINTENDENT

To the Trustees of the Neurological Institute:

Looking back over the last two strenuous years seems a long uphill climb, because so much of moment has happened, yet how quickly they have passed.

Some days we feel as if we had always been here and our life in the old Hospital a mere legend, yet we revel in our beautiful surroundings, the sunshine, pure air and inspiring outlook. We really appreciate them, because of our long struggle with darkness, bad ventilation, dinginess and outlook on blank walls or worse.

What have we accomplished—complete reorganization of nearly every department of the Hospital, and in the remaining ones the reorganization is well under way.

It has not been an easy task and has brought about many heartaches, but all progress must necessarily be accomplished by much stress and pain. We can truly say, however, that we are better equipped and coordinated to carry on our work than a year ago.

Looking forward we are only on the threshold of what we might accomplish. Already in some parts of the building we have not enough room. We are eagerly looking forward to the day when some generous donor will make it possible to extend our west wing so that we may have more examining rooms and waiting space for our Pay Clinic, and enlarge our Board Room, which must also be used for teaching and conference purposes, to make it adequate to accommodate the larger groups.

We have no waste space, every part of the building is giving the maximum service.

During the last year we have suffered irreparable loss in the death of Mrs. John Blair and Dr. Junius W. Stephenson. We miss them, but the memory of their gallant spirit continues to be an inspiration.

Let me make grateful acknowledgment to the members of the Board of Trustees and Medical Board, especially the Chairmen of the Committees and their associates, the Staff of the Presbyterian Hospital and Psychiatric Institute and our own Staff and Personnel for their help and loyalty in these difficult years. Only by the splendid spirit of cooperation could the work have been carried on.

Respectfully submitted,

ESTHER F. RIVINGTON, R.N.

Superintendent.

# **SUMMARY**

Patients Admitted to the Hospital

_	011	*011 137	3.7
<b>T</b>	Old	*Old and New	New
Private—	1928	1929	1930
Male	149	462	642
Female	130	.507	681
Semi-Private—			
Male	162	31	0
Female	196	47	0
Ward—	100	Ι,	v
Male	486	573	851
Female	314	459	711
Free—	014	409	111
	<b>*</b> 0	***	010
	70	111	213
Female	47	107	216
Total—			
Male	867	1,177	1,706
Female	687	1,120	1,608
_			
Total	1.554	2,297	3,314
Patients Remaining in Hospital-	,	-,	-,
Male	31	73	91
	46		
Female	40	87	85
Total	77	160	176
Number of Pat	iant D	aue	
			10.074
Private		7,581	12,274
Semi-Private		11,128	12,269
Ward		21,227	27,824
Free	3,961	6,212	13,219
-			
	29,130	46,148	65,586
Mouning Day	(7)::		
Morning Pag			
New Patients		1,826	1,574
Revisits		1,424	1,221
Treatments given	9,228	†8 <b>,5</b> 30	†10,914
Evening Par	Clini		
New Patients		459	504
Revisits	401	502	596
Treatments given	8,511	3,115	3,407
Endocrine Wee	Llu Cla	inic	
New Patients	0		+50
	0	0	‡58 +90
Revisits	U	0	<b>‡38</b>
Children's Mental	Health	Clinic	
New Patients		0	<b>‡43</b>
Revisits	ő	0	‡41
			+41
Salvarsan Bi	-weekl	y	
Treatments given	0 '	540	607
Average days stay per patient	18.7	19.4	18.9
Daily average of patients in Hospital	79.8	126	179
Private and Semi-Private	36.3		§67
Word	43.5	75	112
Ward			
Daily average cost per private patient	11.0		11.51
Daily average cost per ward patient	6.1	2 7.37	7.35

<sup>\*</sup> Three months only in old Hospital. + P. M. ‡ April. § Private.

# REPORT OF DEPARTMENT OF NEUROPATHOLOGY

To the Trustees of the Neurological Institute:

The Director of the Department of Neuropathology was appointed as of November 1st, 1929, but no laboratory space was assigned until early in 1930 and the first funds were made available for equipment and technical assistance in February of 1930. This first report therefore covers somewhat more than a calendar year in period of time, but somewhat less than a year since the beginning of the active work.

During the period from November 1st, 1929, to January 1st, 1931, the Department performed 49 autopsies, of which 41 were done in the calendar year of 1930. Since April of 1930, when the Department took over the examination of tissues removed during surgical operations, 234 such examinations have been carried out.

The Institute services from which the autopsy cases have come, are as follows:

	Cases
Surgical division	. 30
First division	
Second division	
Third division	
Fourth division	
Fifth division	. 0

The major diagnoses established by the post-mortem examinations, were as follows:

	Cases
Primary Brain tumors	21
Metastatic Brain tumors	3
Encephalitis	. 3
Meningitis	. 7
Vascular disease	6
Traumatic	3
Miscellaneous	

The clinical diagnosis made before death was confirmed in 31 cases, which form 63% of the whole series. The clinical diagnosis was found erroneous in 12 cases (24%). A diagnosis was established by the post-mortem examination in 4 cases (8%), in which the diagnosis before death had been doubtful. In 2 cases (4%), the autopsy findings were negative and neither substantiated nor contradicted the clinical diagnosis.

WOMEN'S WARD



The microscopic study of tissues removed for diagnosis or as treatment in operations on the brain and cord has been intimately correlated with the intensive program of investigation of brain tumors which forms one of the projects supported by the Research Fund of the Institute and which is under the combined direction of the Neuropathologist and the Chief Surgeon. The investigator assigned to this project takes part regularly in the routine study of brain tumor specimens derived from both surgical and autopsy sources.

Many cases of the autopsy series have proved to be of great interest. Two of them form the basis of a report which appeared in the first number of the Bulletin of the Institute and others are to be reported in subsequent issues.

The Department of Neurology has assigned space for the laboratory of Neuropathology on Floor J of the College of Physicians and Surgeons and has met the cost of structural alterations and fixed equipment necessary to prepare this space for use.

The budget of the Department of Neuropathology has proved adequate for this initial year only because of a grant from the Matheson Commission for the Study of Encephalitis and through aid given by the Department of Pathology of the College of Physicians and Surgeons.

The grant from the Matheson Commission was for the purpose of neuropathological studies of encephalitis material in conjunction with work under way in the Department of Bacteriology and this fund has been called upon to take a small share in the cost of equipment of the laboratory and in the purchase of supplies. It has also carried one-half of the salary of the technician assigned to the autopsy service and the pressure of the autopsy work has been so great as to curtail the time applied to the encephalitis material so that the Institute has somewhat more than its share by this arrangement.

The Department of Pathology has carried the work of the gross and microscopic examinations of the body organs in all of those cases in which an examination of the body as well as the brain was permitted. This Department has also carried the full cost of making the typewritten records of the gross and microscopic examinations of both the body organs and of the brain and cord. It has also paid the major part of the salary of the Assistant in Neuropathology, whose time has been

largely applied to autopsies from the Neurological Institute. Because of the number of autopsies the Department of Pathology has found that the cost of this work constitutes a serious drain on its resources and is asking that the Institute carry a greater share of this expense in the future. That department is organized to handle the autopsies from the Presbyterian Hospital and by utilizing its facilities for the study of the body organs the Institute can unquestionably have this work effectively done more cheaply than by attempting to build its own organization to carry these examinations as well as the more specialized ones which form the domain of neuropathology.

The experiences of this first year of the Department have disclosed a wealth of interesting material in both the autopsies and the surgical specimens and have, I believe, demonstrated the value of the neuropathological work and have also indicated that additional funds will be necessary to carry out the work even on the relatively modest plane on which it has been begun.

Respectfully submitted,

SAMUEL T. ORTON, M.D.

Neuropathologist.

## REPORT OF ROENTGEN-RAY DEPARTMENT

To the Trustees of the Neurological Institute:

The year 1929 saw our work terminate in our old quarters and also saw us begin again in our delightful new department on the tenth floor of the new building. It is rather unique to find the X-ray Department so far removed from the basement or ground floor where it is usually found, but our idea in locating the Department on the same floor with the Operating Rooms has proved a good one. Our interaction is greatly facilitated and the transportation of the patients minimized, and secondly the splendid light and air we receive, together with our color scheme, has made the Department one of the pleasantest, both from the point of view of the patient and members of the staff, that can be found anywhere, and we are all proud of it.

The increase in size of our new Department has, of course, made it necessary to increase our personnel. A third technician was added to our staff, and through the kindness of your Board the position of Assistant Director was created, which has solved many of our problems that we have had to contend with for several years, and which undoubtedly would have become almost insuperable with the added duties of our new Department. We were very fortunate in being able to persuade Dr. Cornelius G. Dyke to accept the position. His training eminently fitted him for the work we are doing here in the Institute. Our work in 1929 was, of course, done partly in the old department and partly in the new, but despite the time lost in moving and getting settled our total number of cases amounted to 3,110, divided into Outpatient 503, Hospital cases 2,116, and Therapy 491.

During 1930 our work has increased considerably, as was to be expected. Our personnel has remained unchanged. Our cases for radio therapy have increased about fourfold so that at present we are running the large therapy machine almost to capacity. We have changed our methods of therapy slightly to conform with the latest advances, and I believe our results have warranted the change. Through the kindness of your Board we were able to add a dosimeter to our armamentorum. This allows us to more accurately measure our dosages in the latest unit of dosage, the international R.

Several scientific investigations are now in progress, either wholly in our 'Department or in conjunction with other departments of the Hospital, which we hope will add to our general store of knowledge.

The total number of cases seen in 1930 amounted to 6,198, divided as follows: Outpatient 472, Hospital 4,110, Therapy 1,616, and I feel confident that next year will show an increase over these figures.

# Respectfully submitted,

# CHARLES WADSWORTH SCHWARTZ, M.D.

Director.

#### SUMMARY

	1929	1930
Hospital	2116	4110
Outpatient	503	472
Therapy	491	1616
		_
Total	3110	6198

# REPORT OF CLINICAL LABORATORY DEPARTMENT

To the Trustees of the Neurological Institute:

The work of the Department of Clinical Pathology in our new quarters has been carried on in three distinct units, viz., one located on the second floor of the Neurological Institute, another on the thirteenth floor of the Psychiatric Institute, and the third on floor E of the Vanderbilt Clinic. All are under one management. This diversity of location has rendered the problem of organization rather complex, as it has necessitated a certain amount of unavoidable travelling back and forth on the part of the personnel in order to secure the desired efficiency in the various branches of the department.

The Vanderbilt Clinic laboratory was organized in April, 1929, and has functioned satisfactorily since then with the aid of one technician.

From the time we moved to our new building in the latter part of March, 1929, until the end of the same year, all the clinical laboratory work for the Neurological Institute was done in the small unit on the second floor. By the first of January, 1930, the quarters allocated to our use in the Psychiatric Institute had been equipped sufficiently to begin work there, thus relieving the congestion experienced in the Neurological Institute laboratory. The first few months of 1930 were occupied in developing an organization which now takes care of approximately 84% of the tests coming from the Neurological as well as all the routine clinical pathology from the Psychiatric Institute. This scheme is in accordance with the arrangement made during the formative period of planning for the new Institute, and was actuated by the spirit of cooperation, both through staff organization and proximity of buildings, between neurology and psychiatry, the latter being represented in the State Institute devoted to research in mental diseases. During 1930 this hospital gradually filled up and at the end of the year was about 78% occupied, with a fairly active out-patient department in operation.

The character of work done in the Neurological Institute laboratory is such that two technicians and a secretary are required to look after it adequately. This unit is also used as a clearing house and recording office for specimens that are sent to the Psychiatric Institute to be analyzed. A constant messenger service has to be maintained between the two buildings, and separate records have to be kept for each Institute. These facts may serve to explain the complexity of the laboratory situation as viewed in perspective.

From the standpoint of the type of work coming to this department it might be said that we have a far greater variety of tests than in the old building. In effect our range of activity has been extended to embrace practically all the clinical laboratory examinations necessary to a general hospital service with, of course, a vast amount of spinal fluid and serological work incidental to the greatly increased bed capacity of the new Institute.

The following statistics indicate more clearly than words the volume of work done since moving up to the Medical Center.

#### NUMBER OF EXAMINATIONS

	1929		1930
	Old	New	
	Institute	Institute	
Private Patients	197	2,486	4,433
Semi-private Patients	270	2,178	2,784
Ward Patients	962	7,747	18,295
Dispensary Patients	489	985	1,162
Outside Private Patients		334	529
_	1918 plu	rs 13,730=15,648	27,203
Flasks of Glucose Supplied	· · · · · · · · · ·	691	1,192
Vanderbilt Clinic Laboratory			3,029
Psychiatric Institute (Wards and Clinic)			3,906
Totals			35,330

We are very much pleased with our new quarters in each Institute; ample space is afforded in the Psychiatric laboratory for expansion. The equipment supplied for both places has been generous and much appreciated. We feel that the future offers great possibilities in more intensive and selective application of clinical pathology to the problems of diagnosis and treatment in nervous and mental diseases.

Respectfully submitted,

OLIVER S. HILLMAN, M.D.

Director.

## REPORT OF PSYCHOLOGICAL DEPARTMENT

To the Trustees of the Neurological Institute:

Much could be written not only in a narrative but also in a humorous form about the work of this Department during the last two years. However, it would seem fitting to make this report as brief and concise as possible.

The Department is now tucked away at the northeast end of the eighth floor. When we were finally settled it was found that although our quarters looked suitable in the architectural drawings, in reality they were far too small to house us. Our assignment was two small, but ideal, testing rooms opening into one larger office. In this was to be placed our secretary and presumably the third psychologist also. This was an impossible arrangement as it meant that one of us would have to be either idle or dictating while the other two worked. However, as the two offices of the Guidance Department across the hall were unused, we appropriated them, and they were officially assigned to us until the fall of 1929, when one of them was given to the Occupational Therapy Department. Our assignment in the Vanderbilt Clinic also required a certain amount of juggling. Up to the fall of 1930 we shared the office at Vanderbilt of the psychologist of the New York State Psychiatric Institute. This meant that we could work on Clinic patients in the afternoons only. We have now been definitely assigned our own office in which we may work at any time and in which we have a set of material practically as complete as we have at the Institute. At the present time we feel ourselves equipped to take care of all Clinic and Institute patients referred.

During the two years which this report covers, 3,219 patients have been examined. The distribution of sources referring the patients is as follows:

	1929	<b>19</b> 30	Total
House Patients	165	334	499
Private Clinics	149	143	292
Miscellaneous	372	564	936
Vanderbilt	706	538	1244
Re-examinations	114	134	249
Total	1506	1713	3219

"House Patients" includes all patients referred from the wards or private floors. "Private Clinics" includes patients from all Clinics held in the Institute building. Under "Miscellaneous" fall all patients referred to us by physicians connected with the Institute from their other hospital connections as well as certain agency cases under the care of other hospitals referred for school or social adjustment. For these examinations fees are charged. By "Re-examination" is meant all patients referred for examination as a check on their previous performances. The term "Vanderbilt Clinic" needs no explanation.

The results of the tests made on the 1,713 patients in 1930 are as follows:

Superior in Intelligence	197
Average in Intelligence	743
Borderline in Intelligence	283
Feebleminded	386
Deteriorated	28
Psychopathic	54
Incompleted Tests	22
_	
Total	1,713

In the "Feebleminded" group there were 281 Morons, 100 Imbeciles and 5 Idiots.

There have been several changes in the staff during the two years. At the beginning of 1929 the staff consisted of Director, Associate Psychologist, Assistant Psychologist and secretary. This has remained constant except for the assistant psychologist's position. This is supposed to be filled by two part-time workers and has been except during the spring of 1929. During the summer of 1929, Silas Cohen, M.A., relieved as substitute worker. In September, 1929, we secured Alma A. Paulsen, who is still with us. In June, 1930, Mrs. John Peatman, Assistant Psychologist, asked for a leave of absence because of her health. During the summer months of 1930 Richard Paynter, Ph.D., head of the Psychology Department of Long Island University, substituted for the Director.

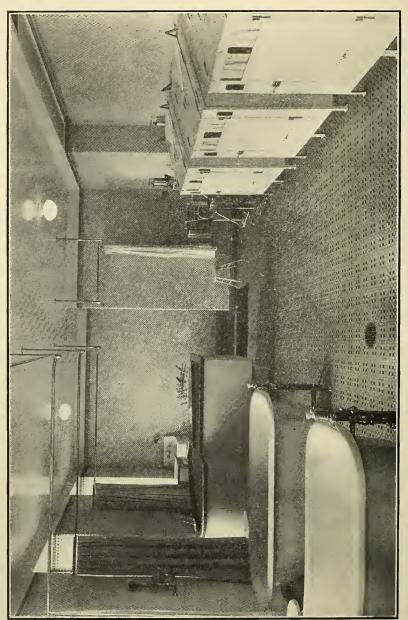
The Director would like to take this opportunity to thank the Board of Trustees, the Medical Board and the Institute Staff for their kindly and understanding help during this period. The result has been a feeling of unity and earnest cooperation from the Department Staff.

Respectfully submitted,

GLADYS TALLMAN, A.M.

Director.





DEPARTMENT OF PHYSICAL THERAPY—HYDROTHERAPY

# REPORT OF PHYSICAL THERAPY DEPARTMENT

To the Trustees of the Neurological Institute:

Physical therapy is a recognized and valuable adjunct to other established medical and surgical procedures and has perhaps a greater appeal and is more appreciated by the patients because they feel something very definite is being done for them. A well organized and up-to-date department should not only be self-supporting but should be a source of income to any hospital.

We have a delightful department; spacious, airy, sunny rooms, with a very modern equipment in each department, capable of taking care of every form of physical therapy treatment. We aim to keep a high standard and make this department as helpful and cooperative as possible.

The past year has been one of interest and activity in the department which has been reorganized completely since May 1st, 1930. The hours of the afternoon clinic have been lengthened to meet the needs of out-patients who live at a distance and the gradual and steady increase in the number of patients referred for treatment. This gain is entirely due to the interest shown by the staff physicians and to their hearty cooperation.

We also wish to record our appreciation of the cooperation of the Medical Staff, the Superintendent, and the Personnel of the other departments of the hospital.

Respectfully submitted,

WM. J. TINDALL, M.D.

Director.

# NUMBER OF TREATMENTS GIVEN IN 1930 HYDROTHERAPY ELECTROTHERAPY Hospital Patients ...... 9,164 THERMOTHERAPY Out Patients, women..... Out Patients, men..... 750

1929 statistics are not included because of the unsettled year, partly in the old and partly in the new hospital.

# REPORT OF SOCIAL SERVICE DEPARTMENT

To the Trustees of the Neurological Institute:

After a contact of only a few months with the Department I cannot do justice in this report to the work of the past two years but I will outline what seem to be current problems and future possibilities.

Now that the Neurological Institute is thoroughly established in its new quarters, we are keenly aware of the problems of integration and cooperation between the various units of the Medical Center and more especially the maintenance of a continuous contact for the patient as he goes from Vanderbilt Clinic to the Hospital and back again to the Clinic. The different medical staffs in the Hospital and Clinic make it more essential that Social Service contact be continuous.

There have been a number of changes in the personnel since 1928. Mrs. Rothschild, Chairman of the Committee, resigned in November, 1930, and we are glad to say she remains as a member of the Committee. The Director, Mrs. Edith H. Clarke, who had been here since October, 1925, resigned in November, 1930, after five years of faithful service and after accomplishing the arduous task of moving the Department to its new quarters. The new Director, Miss Sadie Shapiro, takes office on May 4, 1931. Miss Shapiro is a graduate of the Smith School of Social Work and has a wide experience in the family, psychiatric, and public health fields.

There is a great deal of work to be done in the Department and a great number of undeveloped possibilities. The three clinic workers carry an average of 40-45 cases a month each, which involves 40 visits in the field including home, school, and other agencies. Some work, of course, is done in the office and there still remains the task of organizing the worker's time to the best advantage, namely, reducing the clerical duties and reducing the travelling time if possible. Since the middle of November we have had the services of an extra secretary secured through the Emergency Work Relief Bureau. Her salary has been paid by the Unemployment Relief Fund and supplemented by the hospital.

Since the hospital has been uptown Miss Rainey has been on full time hospital work. She has a short interview with every patient who comes into the hospital with a view to determining the facilities for after care and the financial capacity in each case. There are from 150 to 160 admissions a month and on these cases about 40 additional interviews have to be taken to discuss the patient's ability to pay and reductions in the ward rate.

Miss Rainey does this difficult piece of work admirably and how accurate her judgment is in that regard is shown by the study made in July, 1930. All the ward admissions were studied to determine whether reductions in ward rates, based on office findings, were justified and verified upon further investigation made at the home. The results show

that patients and relatives told the truth, except in one or two instances, about their unfortunate circumstances. How much of the responsibility of financial investigation for rate making should be shared by the Social Service Department and the Hospital Administration, however, still remains a moot point.

The patients who come to the Neurological Institute present medical-social problems of which we know as yet very little, as we have not a large enough staff to make intensive social investigations on every patient who is admitted to the hospital. Since January, 1931, Miss Talbot has been attending the 5th Division conferences and working in close cooperation with the Medical Staff in collecting social information to assist in the making of medical diagnoses. Psychiatric cases leaving the hospital have needed social treatment in the community, and this Miss Talbot is attempting to carry out on the basis of the hospital findings and recommendations.

One of the most interesting aspects of the work at the 'Neurological Institute from the point of view of the Social Service is the Endocrine Clinic. While a study made by Miss Talbot, the worker in charge of the clinic, shows there is need for social case work for the majority of children who come to the Endocrine Clinic, a great deal of this work could be done by the Child Guidance Clinic, visiting teachers, progressive schools, and other social agencies who refer the children to the Endocrine Clinic, and the task of our worker can be in many cases that of a liaison officer between the clinic and other agencies.

In April, 1930, Dr. Philip J. Trentzsch started a private Children's Clinic. Mrs. Wagar has been the social worker in charge. From April 9, 1930, to January 7, 1931, inclusive, 43 problem children were seen at this clinic, and of these, 14 are now closed, for the following reasons: 4 were imbeciles or feeble minded and made only one visit, 2 were above the clinic level financially, 4 did not return to clinic after the first appointment, 2 because they felt a private doctor sufficient and 2 because they came under outside prompting and did not want to do more than fulfill the school requirements of a physical examination, 1 as nothing further could be accomplished after intensive work, 1 slight service, difficulty adjusted, 1 not followed up over summer and did not warrant reopening, and 1 moved to New Jersey and felt the trip was too long. This leaves 29 cases open. On these 29 cases, an intensive social survey was made. They were followed up in most cases with treatment lasting over a number of months. This clinic, of course, also gets the benefit of psychological service and functions for practical purposes as a Child Guidance Clinic-in a Neurological Hospital. It has the great advantage of an unchanging personnel so that the doctor, social worker, and psychologist have opportunity to operate together as an integral unit. Since February, 1931, Private Clinic patients have been paying \$5.00 for a social survey which puts the work on a more professional basis from their point of view, and brings an income of \$20 to \$25 a month to the department. Dr. Trentzsch also has charge of the Child Guidance Clinic of the 5th division in Vanderbilt Clinic but the selection of cases and the set up of the clinic to date have not been as favorable for intensive work. Miss Lynch has been doing the social work for this clinic.

Mrs. Clarke gave three lectures twice a year on social work as a part of a post graduate nurses' course in the hospital. These lectures were given this winter by the Acting Director. This Department offers interesting teaching opportunities and it should become an excellent training center for students in social work.

Now that the Institute is established in its new quarters the task lies before us of making the most of our opportunities and of the many resources within the Medical Center. This means a closer cooperation with the various departments in this hospital and an understanding of what each has to offer.

The new Director has many opportunities before her. She will need vision, tact, and good judgment. From a five months' survey the Chairman of the Social Service Committee feels that these are some of the possibilities before the Department:

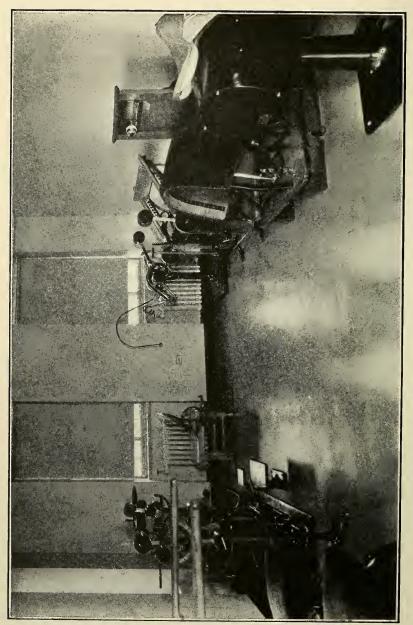
- 1. Better coordination between the hospital and clinic units.
- 2. Development of Social Service work in the private clinic.
- 3. Development of social psychiatric treatment technique in the 5th division.
- 4. Study of the medical, social problems of the hospital admission cases.
  - 5. Better working cooperation with other agencies.
- 6. Higher standards all around of social examination and treatment.

Respectfully submitted,

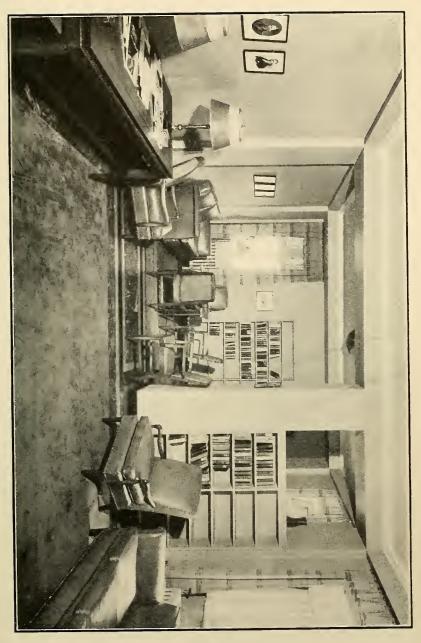
BEATRICE BISHOP BERLE,
Chairman, Social Service Committee,
and

Acting Director, Social Service Department.





DEPARTMENT OF PHYSICAL THERAPY-MECHANOTHERAPY



INTERNES' LOUNGE



# REPORT OF OCCUPATIONAL THERAPY DEPARTMENT

To the Trustees of the Neurological Institute:

Inasmuch as this is the first report of the Occupational Therapy Department since its reorganization September 1st, 1929, it may be appropriate here to outline briefly the purposes and principles which govern its activities.

The Department aims to assist in the treatment of patients by supplying under medical guidance, occupations suited to the individual. Its work is to prepare the way for psychotherapy by contributing to the formation and maintenance of healthy habits of mind and body, to encourage coordination, and to prepare the convalescent for meeting the practical problems of social readjustment. In those cases under observation, as yet undiagnosed, it furnishes opportunity for study under comparatively favorable conditions. Occupational therapy is applied after due consideration of the personality make-up, social background, individual aptitudes, and particular needs concerning correction of disorder or disease.

For each suitable patient there is a definite medical order for occupational therapy, and the daily observations of the therapists, reported weekly, are included in the case record. This system has proven satisfactory, and judging by the comments of various members of the medical staff, the material gathered has proven interesting and useful.

During 1930 the average number of daily interviews was 36; the total number of patients treated by occupations being 1,425. These, for the most part, attended the shops for group work, but certain others were given individual attention in their rooms. Ward classes are being conducted, from which patients are, as soon as possible, graduated to the Shop.

The shop occupations include handcrafts for the greater part of the day, but during the latter part of the afternoon games and music are emphasized. This recreational phase of the work is invaluable in getting response from those patients who are not attracted to handcrafts. It also furnishes relaxation to those who have been applying themselves to work, and encourages social adaptability. Getting the patients to the Shop and fitting occupational therapy into the general time schedule of treatments are great problems, and in this connection we desire to express our appreciation of the friendly interest and cooperation of the nurses and attendants.

There has been a gratifying harmony and unity of purpose in the department personnel, which has carried us successfully through the difficulties of reorganization and brought us to the point where we can concentrate more closely on improving the details of treatment.

We appreciate the cooperation of the various individuals of the hospital personnel, and in particular beg to express our gratitude to Miss Rivington for her unfailing support; our thanks also to the members of our special committee for their assistance in particular matters.

A summary of statistics is submitted herewith.

# Respectfully submitted,

### EDITH V. EVANS,

Children

Women

Director.

Total

## STATISTICAL REPORT

Men

Total Treated I	Ouring 1930:				
Private		139	389	10	538
Ward		359	478	50	887
Total .	•••••	498	867	60	1425
Total Number of	of Treatments				11,055
Average Numb	er of Treatments D	aily			36
Chargeable Nu	mber of Treatment	s			6,156
	Occ	UPATIONS U	SED		
Weaving	Singing	Brush-r	naking	Knotted Co	ord Work
Pottery	Woodwork	Music		Drawing	
Etching	Metal work	Leather	work	Games	
Crocheting	Needlework	Block I	Printing	Kindergart	en Projects
Painting	Knitting	Hooked	Rugs		

# REPORT OF NEUROLOGICAL DEPARTMENT IN VANDERBILT CLINIC

To the Trustees of the Neurological Institute:

The year 1930 was very satisfactory from the point of view of the clinic. The work has been running quite smoothly. The practice of having our patients selected by our own chiefs of clinic instead of in the admitting office, has improved the functioning of the clinic markedly. Considering the large number of patients handled, the work is done expeditiously without sacrifice of thoroughness.

The attendance figures are most encouraging, as follows:

	1929	1930
Neurology A (General Clinic)	14,056	15,815
Neurology B (Neuro-syphilis, etc.)	7,245	8,604
Endocrinology	1,727	2,283
Total	23,028	26,702
New Patients (total)	3,515	5,082

These figures indicate an average of over five visits for each patient, which is considered very creditable in clinic practice. In 1930 the Neurological Department stood fifth in attendance in the list of the eleven departments that make up the Vanderbilt Clinic, being exceeded only by Dermatology, Medicine, Surgery and Pediatrics in the order named.

One further point calls for comment. Of the 5,082 new patients seen in our clinic in 1930, 1,302 were referred from other departments for opinion. This will give an idea of the way our department is cooperating with the others in the whole clinic. Unfortunately the same figures for 1929 are not available, hence I am unable to give a comparison.

Respectfully submitted,

LOUIS CASAMAJOR, M.D. Director of Out-Patient Department.

# REPORT OF CONVALESCENT DEPARTMENT

### The Arietta Crane Reed Farm

To the Trustees of the Neurological Institute:

The Convalescent Branch of the Neurological Institute at Brewster, N. Y., has continued to render effective service during the past two years. The demand for accommodations showed a gradual and steady growth. During 1930 alterations were made in the plant and six additional rooms were provided for the accommodation of patients.

Various additional means of recreation have been provided and materials for simple occupational therapy are now available.

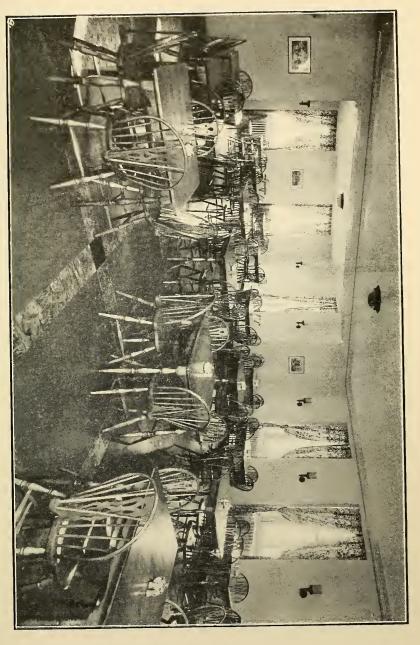
The very efficient management of the Superintendent, Miss Agnes A. Laing, enabled the Convalescent Branch to pay all expenses and have a small surplus to its credit during the period covered by this report.

The general economic situation has seemed to cause a marked decrease in the demand for accommodations the last two or three months of 1930, but it is hoped that a change in affairs will occur soon enough to prevent any serious deficits.

Respectfully submitted,

GEORGE H. HYSLOP, M.D.

Chairman, Medical Advisory Committee.



Nurses' Dining Room



# REPORT OF SUPERINTENDENT OF NURSES

To the Trustees of the Neurological Institute:

Two years ago we were standing on the threshold of our great adventure, moving to our new building, full of hope and enthusiasm for the future.

The reorganization of the Nursing Department seemed a colossal task, those first six months, with a mere handful of supervisors and general duty nurses who came up with us, adding to our staff rather rapidly to take care of our larger responsibilities and eliminating some who did not adjust well to our type of work. Finally, toward the end of the year 1929, we applied to the Education Department, Albany, for State Registration of our school and were approved for instruction and experience for undergraduate students of registered schools for this special branch of nursing.

Our first post-graduate class of five entered March 1, 1929, at our new quarters and, with their instructor, did valiant work in preparation for the opening and reception of patients transferred from our old hospital.

Nineteen post-graduates entered and five graduated in 1929. Fortyfour entered and twenty-nine graduated in 1930. Twenty-eight are still in training. Our March and June classes are already filled and we are having more applicants than we can care for at present.

The educational program is being carried on for the students with the assistance of the Medical Advisory Committee. A comprehensive course of one hundred hours class-room work, including neuro-anatomy and physiology, principles of neurology and psychiatry, neuro-surgery, psychopathology and mental hygiene is given. Thirty-five physicians and seven supervisors are assisting Miss Lelin Townsend, Director of Education, in the teaching program.

During the year 1930, a lecture course of sixteen lectures was given to our special duty group. About two hundred nurses registered for this course. The Psychiatric Institute kindly allowed us to use their assembly room. Great interest and appreciation was shown.

The Nursing Committee, which functioned under the able leadership of the late Mrs. John Blair, contributed much to the social life in our residence. Monthly teas were given in the lounge during the winter months and two evening parties and a porch supper on our roof, which were greatly enjoyed. Our nurses have raised more than ten thousand dollars toward the endowment of a room for their use when ill. They have also raised nearly two hundred dollars for a radio, and six hundred and fifty dollars for a piano.

The Red Cross maintains a room for nurses of any school who may develop a neurological disorder. This room was occupied every day last year.

We have established a reference library for the students, containing at present about seventy-five volumes. Our fiction library has received many donations of books and the current magazines are supplied by the Library Committee weekly.

Our students and staff are being very well taken care of by Dr. Marjorie Knauth of the Presbyterian Hospital. Physical examinations are made immediately following their admission here. By this method we have been able to select nurses who are physically fit and also correct and care for certain diseases in their incipiency.

We owe a debt of gratitude to our Medical Advisory Committee for their help in the educational program, to our physicians who give so much time in teaching and to our Nursing Committee, who have so ably helped us in our social activities.

Respectfully submitted,

G. M. DWYER, R.N.

Superintendent of Nurses.

# HOSPITAL and OUTPATIENT STATISTICS

1930 Out-Patients Male Female Total	46     64     143       99     92     204       34     35     92       0     0     0       0     0     0       3     2     122		0 1 8	Ħ	0 0 0 0 0	0	0 3 16		0 0	1	3 4 8	<b>,</b> ,	9 1 16		1	0	0 1 8	0 0
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		NEKVOUS SYSTEM	INFECTION:	BRAIN:	Abscess, metastatic, acute and chronic	By extension, acute, sub-acute and chronic.	Encephalitis. Epidemic, acute, sub-acute	Sub-acute and chronic with behouis		Chronic with degeneration (Chiefly Parkin-	Soman)	Chronic with dretering syndrome.	Chronic with conference 3:-	Change with the calonotor disturbance	Chronic with f	Chronic, with facial paresis	Chronic with catalebsy syndrome	Chrome, with cerebellar symptoms		Chronic, with myasthenia gravis syndrome	Encembalitie Non anidamie control i	Chronic Chronic	Encephalonathy nost infactions with	Non-enidemia soute and and and	Chronic chores	Enendymitis acuta	Ganglionitis		SPINAL CORD OR NERVE ROOTS: Myelitis, simple, circumscribed, acute, sub-acute	Chronic	Transverse, acute	Transverse, chronic	Disseminated	Myelitic form of enidemic encembelities acute	sub-acute and chronic	Poliomyelitis, epidemic, anterior, acute and sub-	acute	Chronio

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	Radiculitis, cauda equina	NERVES:	Neuritis, acute, sub-acute, chronic	Brachial plexus	Cervical plexus	Cerebral	Righth Nerve	Forial	Description of the contract of	Feroneal	Sciatic	Unar	٠ ,	Sequelae of diphtheria	Sequelae	Neuralgia	Neuro-retinitis	Labyrinthitis	MENINGES:	Lentomeningitis, type undetermined	Enidomio cerebrosninal meningitis	ppideinic cerebrospinal memilgress	Suppurative	Non-suppurative	Hemorrhagic	Arachnoiditis	Pachymeningitis		Cerebro-spinal syphilis	Acquired	Congenital		Meningoencephalitis	Meningo-encephalo-myellus		dar syphilis	Polioencephalitis, interior (Bulbar Falsy)	Tabes dorsalis	Taboparesis

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Hospital & Out-Patients Male Female Total

1930 Hospital Out-Patients
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NERVOUS SYSTEM		BRAIN:	Laceration, penetrating wound	Compression, gumma and chronic hematoma	Contusion single or multiple	Concussion or commotion with fracture of skull.	Concussion or commotion without fracture of	skull	Sequelae of cyst	Of birth trauma encephalopathy	Of other trauma, encephalopathy	Porencephaly	Cephalalgia	SPINAL CORD:	AV MISIOII	Concussion	Contusion or compression	Compression, fracture of vertebral column	Dislocation vertebral column		Neoplasm, contiguous	Other causes	Laceration, penetrating wound	Sequelae of, intramedullary hemorrhage	Neoplasm, contiguous	NERVE ROOTS:	Avulsion	Laceration, penetrating wound	Contusion	Compression, fracture-dislocation of vertebral	column	Neoplasm, contiguous	Other causes	elae, post	NERVES:	Laceration, penetrating wound	Bony fracture	Laceration, tearing, stretching or compression	Birth trauma	Operative

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Contrating as assurance of the wound	Rony fracture or dislocation	Dony Hacture of distocation	Other external agents	Electric shock	Sequelae, and pressure neuritis	Neuritis	Nonrelate	WENTMCES.	Laceration nenetrating wound	materialist from of deal	With Iracture of Skull	Arachnoiditis, adhesive	INTOXICATION:	TATA CHE	DRAIN: Walescone dichetes	Timogenous, diapetes	Exogenous, infectious processes	Narcolepsy	Encephalopathy, food poisoning	Chemical agents, heavy metals	Liquids, alcohol	Drijos		SPINAL CORD:	-		Equivalents	Atypical	Migrane, simple type, hemicrania		nonitor and incitor	LAugenous, intections processes	Chemical agents, heavy metals	Liquids	MENINGES:	DATE OF THE PLACE PARTY OF THE PROPERTY OF THE PARTY OF T	FAROXYSMAL DISORDERS:		Convulsive state, grand mal	Jacksonian	Myoclonic	Status convulsivus	Petit mal	Combined form grand and netit mal	Pevohir disorders equivalents		Von mone attended	vaso-vagar attacks	Diencephalic autonomic type

1930	Hospital Oul-Patients Male Female Male Female Total		2 0 0 0 0 7		0 0 1	1 0 1	0	2 0 0 32 7 13	0 0 0	0 0 1			15 6 2 3 26	21 1 0	15 2 0	1 0 1	0 :	0 0	- · · · · · · · · · · · · · · · · · · ·	0 0	0 0 0	,		0 0	0 0	4. 0 0 L	0 0	1 0 0		2 3 0 0 0	2 0 0
1929	Hospital & Out-Patients Male Female Total		0 1					39 83					17	·		1 9						F				9 10				2 3	
	Hospital & Male F	OBSCURE DISORDERS:		Familial periodic paralysis 0	gravis			Sphenopalatine 1	multiplex		NEOPLASMS, PRIMARY:	BRAIN:	Unlocalized	Cerebral hemispheres, right		Optic Chiasm and Hypothalamus 2		system	tra-axial		lized	Drain stem and cerebellum	SPINAL CORD:	Intramedullary, solid tumors 6		Extramedullary		Unclassified 1	NEBVES:	Cerebral	Spinal 0

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Hypochondriasis		56	4	co.	က	30	15
Hysteria		0	0	က	<b>—</b>	က	
vsteria		59	91	22	9	21	65
hysteria		112	35	61	15	30	138
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Neuropathic character, schizoid personality 11		20	<b>∞</b>	9	6	<b>∞</b>	31
Syntonic personality 0	0	0	67	0	0	0	67
MALADJUSTMENT:							
Problem child		40	9	4	35	15	09
psychopathic personality		41	24	17	х¢	က	49
inferior		11	4	4	က	ı	12
isted adult	2	13	က	7	ı	7	12
PSYCHOSES:							
Traumatic psychoses		0	П	0	1	0	7
Senile psychoses 3	3 11	14	20	œ	က	4	20
erebral arterio-sclerosis		9	ĸ	63	67	67	11
v.		43	44	6	1-	0	09
oral symbilis		J.C.	က	0	0	0	ಣ
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other brain or nerrous diseases			Ċ.	C	c	O	2
other brain of her your discusses:		9 6	1 4	0	· ;-	· c	1 0
Alcoholic psychoses			ò	1	•	>	

Hospital	Male Female	
Patients	Total	
Hospital & Out-Patients	Female	
Hospit	Male	

1929

Out-Patients Male Female Total

1930

# NERVOUS SYSTEM

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	0	0	34	œ	4	18	67	0	0	0	хo				0	0	0	0	-	0	-			0	0	က	0	4	0
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	2	4	89	6	6	30	ນດ	0	0	_	5				0	0	_	0	0	П	-			0	0	0	0	0	0
	0	61	31	ŭ	9	45	61	0	-	<b>C1</b>	7				0	0	0	0	0	0	-			0	0	0	0	0	0
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Psychoses due to drugs and other exogenous	toxins	Psychoses with somatic diseases	Manic-depressive psychosis	Involution melancholia	Undifferentiated depression	Schizophrenia	Paranoia or paranoid conditions	Psychoses accompanying the convulsive state	Psychoses with psychopathic personality	Psychoses with mental deficiency	Psychoses undiagnosed	G UNDETERMINED:	BRAIN:	Atrophy of cerebral cortex and external hydro-	cephalus	Encephalopathy	Hemorrhage	SPINAL CORD OR NERVE ROOTS	Myelitis, transverse	Myelomalacia	Radiculitis	NERVES:	Neuralgia	Brachial plexus	Cervical	Sciatic, right and left	Median	Brachial plexus	Cervical

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Facial (Bell's Palsv)	Fifth nerve	Hypoglossal and glosso pharyngeal	Occipital	Peroneal	Popliteal	Sciatic, right and left	Sequelae	Ulnar, right and left	Vestibular nerve	Multiple	MENINGES: A rachnoiditis		VEGETATIVE NERVOUS SYSTEM:	Vasomotor disturbances			Local symmetrical asphyxia (Raynaud's)	Urticaria, acute and chronic	Secretory disturbances	Acrohyperhidrosis	Hyperhidrosis	Sensory disturbances	Acroparasthesia	Causalgia	Sympatheticotonia	Vagotonia	Trophic disorders	Atrophy, reflex muscular	Hemiatrophy, facialis	Scleroderma	Autonomic imbalance

		1929				1930		
	Hospit	Hospital & Out-Patients	Patients	He	Hospital	o	Out-Patients	93
	Male	Male Female Total	Total	Male	Male Female	$Mal\theta$	Male Female Total	Total
ENDOCRINE SYSTEM								
THYMUS: Status hypoplasticus	0	_	I	0	0	H	1	61
Subinvolution	0 .	0	0	0	Н	0	0	1
Other types		0	0	0	0	0	1	ı
THYROID: Hymothyraidism								
Circl-	,	(	(	•	,	(	(	,
Simple	0	C1	C1	0	-	0	0	
With cretinism		0	0	0	0	<b>—</b>	0	П
With myxoedema		9	9	0	61	<b>,</b> —	Т	4
With goitre	_	က	4	0	0	0	က	က
With mental deficiency		ı	67	0	1	ı	0	67
Thyroid, hyperthyroidism								
Simple	21	2	6	67	J.C.	П	0	<b>∞</b>
With goitre	-	4	œ	0	7	0	È-	6
With adenomata		0	0	61	н	_	0	4
Thyroid, dysthyroidism	0	63	67	0	0	0	0	0
With simple goitre		61	63	0	0	1	ro.	9
With toxic goitre	<b>–</b>	0	-	0	0	0	61	7
PARATHYROID: Hypoparathyroidism, Tetany		<b>-</b>	Ħ	0	0	0	0	0
FITUITARY, pars grandmarts Hypofunction								
Simple	7	П	<b>C</b> 1	0	63	0	0	61
With ateliosis	0	1	I	0	0	0	0	0
With adiposity		11	17	63	61	4	22	33
With genital hypoplasia	. 23	0	61	0	0	0	0	0
With migraine		0	0	0	1	0	0	Ħ
Combined form	0	0	0	Н	0	0	0	7
Honeyfunction								
	,	(	,	•	•	•	(	•
Simple	<b>-</b> ,	0 (	٠,	۰,	0 (	<b>-</b>	۰,	0 (
With acromegaly (Marie)	1	8	4.	1	U	٠,	-	

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0	•	0	0		<b>C</b> 1	0	1	ī		0	0	0	1	67	0	0	0		0	0	0	0	0	0	0	-	0	0	0
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0	0	0	33		0	0	0	H		0	0	0	ro	C1	7	0	0		က	Ţ	I	<b>C</b> 7	ı	ı	0	က	1	-	0
0	0	0	0		63	0	0	<b>C</b> 3		21	0	-	0	0	7	_	0		63	0	0	1	0	0	0	0	0	0	0
With migraine	SUPRARENAL: Medulla hymnadrenalism, simple	Hypogonadism	Menopause syndrome	PLURIGLANDULAR SYNDROMES:	A dinoso-genital dystrophy (Froelich)		compensatory syndrome (T	Pluriglandular syndrome with calcium deficiency.	PIJIRIGLANDULAR SYNDROMES (with outstanding)	missing distimbance	Thylling discussions of the state of the sta	Hyper	Inyrold disturbance	Typer	Destarted disturbance	raralily fold disturbance	Hypo	Pituitary disturbance	Hwo	Gunnamonal disturbance, cortex	Duptai cha distanzancj corre-	C Jistumbonoo	Conad disturbance	Complined 101 ms, district concession of the con	Inymic and primitary	Thymic and gonda			Pineal and calcium deficiency

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	90	Total		П	01	17	20	67	П		0	0	_	0	0	0				က	54	11	0	4	ъ	0	_	7	2		17
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1930		Male		7	0	9	20	-	0		0	0	0	0	0	0				0	11	ଦୀ	0	_	0	0	0	0	0		2
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	arients	Total		10	4	53	20	0	¢1		¢ì	cı	_	-	_	_				П	43	3	Ţ	7	0	ಣ	0	-	6		5
1929	Hospital & Out-Patients	F'emale		20	က	16	10	0	=		1	0	0	-	0	0				0	18	63	0	7	0	63	0	Ä	ಸಂ		4
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	I.	Principle Control of the Control of	MOSCLE SISIEM	Myositis, general, acute	Chronic	Myositis, local, acute and sub-acute	Chronic	Progressive Muscular Dystrophy	Pseudohypertrophic muscular dystrophy	Facio-scapulo-humeral type (Landouzy-	Dejerine)	Hereditary form (Leiden-Mocbius)	Dystrophia myotonica	Pelvic girdle type	Mixed form	Unclassified		VASCULAR SYSTEM	BRAIN:	Arterio-spasm	Arterio-sclerosis, general	Arterio-sclerosis, local	Arterio-sclerosis, general and local	Arterio-sclerosis, Endarteritis, local	Arterio-sclerosis, Endarteritis, general	Aneurysm, single, arterio-sclerotic	Aneurysm, single, unruptured	Aneurysmal varices, unruptured	Embolism	Hemorrhage, single	Acute

Sequelae	15	8	23	7	5	9	1	19
Multiple, acute	22	0	67	0	_	0	0	-
Sequelae		0	_	0	1	0	0	
Thrombosis	0	0	0	œ	4	23	0	14.
Acute	0	=	_	23	2	0	0	4
Aeute arterio-selerotie	œ	01	10	4	2	21	61	. 01
Progressive	_	61	ಣ	0	0	0	0	0
Sequelae	4	9	13	ೲ	2	21	ಣ	10
	0	0	0	_	0	0	0	_
SPINAL CORD:								
Arterio-spasm	-	0	1	0	1	_	0	2
Arterio-selerosis	21	5	7	9	C1	0	0	ı œ
Aneurysm	-	0	1	0	0	0	0	0
Aneurysmal variees	0	0	0	<b>C1</b>	_	0	0	ಣ
Hemorrhage, single	က	0	ಣ	_	0	0	0	ı
Multiple	-	0	-	0	0	0	0	0
Thrombosis, acute	0	0	0	_	0	0	0	_
Progressive	0	Ţ	1	0	0	0	0	0
	0	0	0	0	2	0	0	2
Thromboangeitis obliterans	0	0	0	0	0	ī	1	2
BRAIN AND SPINAL CORD: Arterio-selerosis, angioselerosis	0	_	H	0	0	0	0	0
MENINGES: Spontaneous hemorrhage	0	0	0	0	1	0	0	-
SYSTEMIC ARTERIAL OR VENOUS DISEASE:	È	T	Ç	¢	·	¢		,
Anriospasm		a C	Z -	<b>&gt;</b>	<b>-</b>	o ,	0 0	0 -
Arterio-selenosis	. 2	<u> </u>	20	<b>⊃</b> α	o 6	<b>–</b> 10	<b>&gt;</b> 4	1 66
Hemorrhage	۰ .	ş -	07 -	o <b>c</b>	<b>.</b>	a c	÷ <	5 6
Thrombosis	· =	. 0		> <del></del>	0 0	0 0	0 0	- c
Thrombo-angeitis obliterans	10	0	120	0	0	· =	0	
HYPERTENSION:								
Essential	9	11	17	70	-	4	¥C.	75
Other types	4	-	20	က	0	. –		מי
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no H	TO THE STATE OF TH		NON-NEUROLOGICAL	Normal child 5	Normal adult 1	Alimentary System:	ion		Intestines, duodenal ulcer 0	Inguinal hernia 2	Liver and bile passages	:	, sub-acute and chronic	:	Hydrops of gall bladder (Lambert) 0	Mucous membrane of mouth, tongue and teeth	Alveolar abscess 0				Pelvic cellulitis	Pharynx	Řetropharyngeal abscess				Ulcer of tonsils	Nectum, and and perifectal tissue Fissure of any	Salivary glands, stenosis of parotid duct. 0	Dyspepsia 0	Acute gastritis	Hypochlorhydria 0		Acute appendicitis

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Cardio-Vascular System: Arteries, aneurysm Arterio-selerosis Thrombosis Veins, phlebitis Thrombophlebitis Varicose veins	Heart and pericardium:  Angina pectoris  Bradycardia, cardiac arrhythmia Cardiac hypertrophy Cardiac Insufficiency Dilatation, acute cardiac Endocarditis, chronic Myocarditis, chronic Myocarditis, chronic Valvular disease, chronic cardiac Witral insufficiency, regurgitation and stenosis.	Hematopoietic System:  Blood, pernicious anemia Sceondary anemia Agranulocytic angina Hemorrhagic diseases: purpura Adult scorbutus Leukemia, acute myeloblastic Lymphangeitis, acute	Muscular System: Bursae: Acute bursitis Chronic bursitis Muscles and aponeuroses Hernia of muscle	Osseous System:  Bones and cartilages Chondrodystrophia, foetalis Hypertrophy of vertebrae Osteliis deformans (Paget's)

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Sense Organs	TI	Hearing, deatness	Acute mastoiditis	Acute otitis media	Observe atitie media		Chronic eustachian salpingitis	Vision, astigmatism	Cataract	Oboughtie.	Chorolatus	Glaucoma	Opacity of vitreous body	Ctuckiems	Surabismus	Tegumentary System: Carbuncle	Dermatitis	Fezema	Furthers	FOR STATE OF	Follicuits	Furuncle and furunculosis	Ichthyosis	Pitvriasis rosea	9 Urinary System:		Acute nepartus	Chronic nepuritis	Pyelitis	Suppurative pyelonephritis	Acute uremia	Calculus in ureter	Acute cystitis	Congenital Malformations:	Congenital ptosis of evelid		Hynogradias		morrim	Deformities, Kyphosis	:	Contracture of muscles of toes	Pes Planus	Talipes equino-varus	Local Injuries:	Dislocation of vertebrae

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Out-Patients	Female Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	c	>	c	વ	0	0	_	0		0	0	0	0	0	1	0	0
0	Male		0	0	0	=	0	0	0	0	0	0	0	0	0	61	<	>	-	٦ ٥	o '	0	0	0		0	0	0	0	0	0	0	0
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Hospital & Out-Patients	Female		0	1	0	0	0	0	I	0	0	0	0	0	1	0	ć	>	c	NI C	0	0	0	0		=	0	0	1	1	61	1	0
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	7	NON-NEUROLOGICAL	Contusion	Foreign body in back	Fracture of skull	Fracture of mandible	Fracture of vertebrae, and dislocation	Fracture of clavicle	Fracture of radius (Colles)		Fracture of patella	Fracture of sacrum	Fracture of olecranon process	Fracture of rib	Laceration of leg, v	Sprain of joint	Intoxications and poisonings:	Caronic poisoning by drugs	Metabolic Disturbances:	Diabetes Meliitus	Chronic gout	Malnutrition	Obesity	Rickets	Diseases Due to Microorganisms:	Abscess of muscle	Infection of leg	Infection of operation wound	Sapremia	Acne	Influenza	Malaria	Pellagra

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Acute rheumatic fever	Sub-acute rheumatic fever	Chronic rheumatic fever	Scarlet fever	Tetanus	Treponema pallidum, syphilis	Congenital syphilis	Trichophytosis	Tuberculosis of spine	Chronic pulmonary tuberculosis	Neoplasms, Primary:	Carcinomata	Chondromata	Dermoid cyst	Epitheliomata	Fibroblastomata	Granulomata	Hypernephromata	Myomata	Osteomata	Osteochondromata	Osteosarcomata	Sarcomata	Xanthomata	Secondary:	Carcinomata	Suspected tumor	Undiagnosed:	Miscellaneous Conditions:	Fever of unknown cause	Undiagnosed condition of operation wound	y therapy

# OPERATIONS PERFORMED IN SURGICAL DEPARTMENT

### January 1, 1929 to December 31, 1929

Total number of cases operated Operations on the nervous system Cranial operations Spinal operations Peripheral nerve operations Miscellaneous operations Cranial operations:	Cases 323 293 234 52 19 18	Operations 365 334 274 54 19 18	Deaths 35 35 34 1 0
Craniotomies performed for supratentorial lesions:			
Nervous system:			
Infection:  Brain abscess, acute: frontal, parietal lobes  Brain, tuberculoma, frontal lobe  Cerebral Meninges, chronic cystic arachnoiditis	$\begin{matrix}2\\1\\2\end{matrix}$	2 1 2	1 1 0
Neoplasm, Primary, Brain:			
Frontal, parietal, temporal and fronto-parietal lobes, astrocytomas	11 7	12 7	1
Temporal, frontal, parietal lobes, spongioblastoma	•	15	,
multiforme	9 1	15 1	1
Frontal lobe, angiosarcoma	1	1	0
Neoplasm, primary, meninges: Frontal, temporal, occipital, parietal lobes: meningeal fibroblastomas	7	8	1
Neoplasm, secondary, brain:			
Frontal lobe, adenocarcinoma	1 1	1 1	0
Neoplasm, primary, cerebral nerves: Gasserian ganglion	1	1	1
Vascular system:			
Meninges, chronic subdural hematomas Endocrine system: Pituitary tumors	3 2	2	1 2
Osseous system:			
Injury: Cranial bones, depressed fracture Removal of bullet from frontal bone Infection: osteomyelitis of frontal bone Granuloma of parietal bone Exostosis of parietal bone Plastic repair of cranial bone defect	1 1 1 1 1	1 1 1 1 1	0 0 0 0
Nervous system:			
Degeneration: Brain: Parieto-occipital region	1	1	0

	Cases	Opera-	Deaths
Obscure disorders: Trigeminal neuralgia: Sensory	04000		2 (0.113
root section	30 14	36	0
Decompression operations Exploratory operations	34	15 40	1 6
Corpus callosum punctures	2	2	1
Ventricular punctures Ventriculograms	$\frac{13}{24}$	13 24	2 3
Craniotomies performed for infratentorial lesions:			
Nervous system:			
Infection:			
Brain, cerebellar lobe, abscess, acute	1	1	0
Brain, cerebellum, tubercular granuloma  Meninges, cysternal arachnoiditis	1	1	0
Neoplasm, primary:			
Brain, cerebellum, medullo-epithelioma	1	1	0
Brain, cerebellum, lateral lobes and vermis tumors Auditory nerve, perineurial fibroblastoma	13 <b>5</b>	19 7	5 0
Meninges, cysternal arachnoiditis	1	í	0
Choroidal papilloma	1	1 1	0
Chronic granulomatosis	1 1	1	0
Exploratory suboccipital craniotomies	35	45	5
pinal operations:			
Spinal meninges, spinal cord and nerve roots:			
Nervous system:			
Developmental defect, spinal meninges, repair of meningocele	1	1	0
Infection:			
Spinal cord, chronic tuberculous abscess drained	1	1	0
Spinal meninges, extradural abscess drainage	1	1	0
Spinal meninges, adhesive arachnoiditis  Nerves, cauda equina neuritis	8 1	8	0
Neoplasm: primary:			
Spinal canal involvement, extravertebral tumor Spinal, extradural tumors	1 4	1 4	0
Extramedullary spinal cord tumors	5	5	0
Cauda equina tumor	$\frac{1}{2}$	$\frac{1}{2}$	0
Inflammatory disease of the spinal cord: exploratory	$oldsymbol{ ilde{2}}$	2	í
Granulomatosis of spinal cord, lumbar region  Degeneration and sclerosis: atrophic spinal cord	1 1	1 1	0
Inflammatory disease? Drainage of cyst of spinal cord	i	1	0
Vascular system:			
Varicose veins of the spinal cord	1	1	0
Exploratory operations	12 5	$\frac{12}{7}$	0
Cordotomies Rhizotomies	4	4	0

S

Peripheral nerve operations:	ases	Opera- tions	Deaths
Exploratory:			
Nervous system:			
Injury nerves, brachial plexus Injury nerves, ulnar nerve Injury nerves, neurolysis of ulnar nerve Injury nerves, neurolysis of musculo-spiral nerve	2 1 1 3	2 1 1 3	0 0 0 0
Neurorrhaphy:			
Nervous system:			
Injury: brachial plexus Injury: nerves: ulnar nerve Injury: nerves: median nerve Hypoglossofacial suture Division of obturator nerves Avulsion of infra-orbital nerve	2 6 1 1 1	2 6 1 1 1	0 0 0 0 0
Miscellaneous operations:			
Removal of lumbar puncture needle fragment. Excision of rectal fistula Tonsilectomy Skin graft Tenotomy (Achilles) and arothrodesis of ankle. Plastic repair of scar of burn (3rd degree) at wrist. Injection of air into cyst of brain *Lumbar encephalograms Trephining of skull and needle exploration Debridement and repair of lacerations of scalp and face. Excision of carcinoma of breast Right inguinal herniorrhaphy Repair of hernia of right errector spinae muscle. Excision of osteogenic sarcoma of femur Puncture of cyst in frontal lobe	2 1 3 2 1 1 17 1 1 1 1 1 1	2 1 3 2 1 1 1 17 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0
*Blood transfusions	14	14	0
CAUSES OF OPERATIVE DEATHS, 19	29		
	Nu	mber o	f Cases
1. Meningo encephalomyelitis (cord exposed at laminectomy		1	
2. Hyperthermia following operation		4	
3. Operative shock		10	
4. Compression of the cerebrum  5. Compression of the medulla oblongata		8	
6. Rupture of abscess and meningitis			
7. Respiratory failure during operation		2	
8. Sudden death (ten days post-operative, in a suprasellar	cyst		
case) cause unknown			L L
		3	-

<sup>\*</sup> Not included as an operation in summary totals.

# OPERATIONS PERFORMED IN SURGICAL DEPARTMENT

### January 1, 1930 to December 31, 1930

	Cases	Opera- tions	Deaths
Total number of cases operated	376	408	26
Operations on the nervous system	341	363	26
Cranial operations	$\frac{283}{52}$	311 56	$\frac{26}{0}$
Peripheral nerve operations	28 13	28 13	0
Miscellaneous operations	19	19	U
Cranial operations:			
Craniotomies performed for supratentorial lesions:			
Nervous system:			
Infection, brain abscess scar, parietal lobe, excision of scar	1	1	0
Injury, scar in path of bullet wound, frontal lobe, ex-	•	•	U
cision of scar	1	1	0
Neoplasm, primary, brain:			
Temporo-parietal mixed oligodendroglioma and			
astrocytoma	1	1	0
Occipito-parietal oligodendroglioma	$\frac{1}{6}$	1 6	$\frac{1}{2}$
Temporal lobe, frontal lobe, astrocytoma fibrillare.	3	3	$\bar{2}$
Fronto-temporal astrocytoma with spongioblastic	,	,	,
areas	1	1	1
parietal lobes, spongioblastoma multiforme	8	13	2
Pre-Rolandic area, medulloblastoma	1	1	0
Occipital lobe, glioma	$\frac{1}{2}$	$\frac{1}{2}$	0
Temporal lobe, fibrosarcoma	1	3	ō
Neoplasm, primary, cerebral meninges:			
Para-sagittal, frontal, occipital, temporal, menin-			
geal fibroblastomas	7	12	1
Vascular System:			
Neoplasm, primary, brain: Angioma of right cerebral			
hemisphere	1 3	1 3	0
meninges. Cironic subdutat nematomas	9	э	U
Nervous System:			
Neoplasm, secondary, brain: Parietal lobe: Meta- static carcinoma	2	2	0
	_	ے	U
Endocrine system:			
Neoplasm, pituitary, adenomas Neoplasm, pituitary, adenocarcinomas	$\frac{3}{2}$	$\frac{3}{2}$	0
	_	_	Ů
Osseous system: Infection, parietal bone, osteomyelitis (sequestrec-			
tomy) (sequestree-	1	1	0
Infection, frontal orbital and superior maxillary			
bones: Compound fracture (sequestrectomy)	1	1	0

	Cases	Opera-	Deaths
Nervous system:	Cases	tions	Deaths
Developmental defect, cerebral meninges, meningocele, repair of	1	1	0
Osseous system:			
Injury, cranial bones, depressed fracture of	3	3	1
Nervous System:			-
Obscure disorders: Trigeminal neuralgia: Sensory			
root section	41	42	2
Decompression operations	15	15	ĩ
Exploratory operations	47	48	2
Ventricular punctures	8	8	0
Corpus callosum puncture	1	1	0 2
Ventriculograms	57	57	Z
Nervous system:			
Neoplasm, primary, brain:			
Right temporal and occipital lobes, right cerebellar			
hemisphere, ganglioneuroma	1	4	0
Craniotomies performed for infratentorial lesions:			
Nervous system:			
Infection, brain, lateral cerebellar lobe, acute			
abscess	1	1	0
Infection, cerebral meninges, adhesive arachnoiditis	1	1	0
Neoplasm, primary, brain:			
Cerebellum	19	24	2
Neoplasm, primary, cerebral nerves, VIII-th nerve	10	~~	~
perineural fibroblastomas	5	6	1
Obscure disorders:			
Trigeminal neuralgia, V-th nerve resection	1	1	1
Glosso-pharyngeal neuralgia, IX-th nerve, resec-	•	•	•
tion of sensory root	1	1	1
Osseous system:			
Injury, occipital bones, depressed fracture of	1	1	0
Suboccipital decompression operations	8	8	ì
Exploratory operations	25	30	2
Spinal operations:			
Laminectomies:			
Nervous system:			
Infection: Spinal meninges:	,	,	^
Tuberculous abscess (extradural)	1 3	1 3	0
Infection: Inflammatory disease of the spinal cord	3	4	ő
Infection: Spinal nerve roots: Cauda equina radi-			
culitis	3	3	0
Neoplasm: Extradural tumor	8	11	0
Neoplasm: Extramedullary spinal cord tumors	11	11	0
Vascular system:			
Varicose veins of spinal cord	3	3	0
Osseous system:			
Spinal column, vertebral disease	1	1	0
Injury, fracture dislocation of vertebrae	2	2	0
ma			

		0	
Nervous system:	Cases	Opera-	Deaths
Injury, spinal meninges: Scar tissue compressing	Cuscs	110111	Deathe
cord	1	1	0
Rhizotomy	4	4	0
Cordotomy	1	1	0
Exploratory laminectomies	11	11	0
Peripheral nerve operations:			
Exploratory:			
Brachial plexus	3	3	0
Ulnar and median nerves	3	3	0
Ulnar nerve	1	1	0
Median nerve	1	1	0
Neurolysis of ulnar nerve	2	2	0
Transposition of ulnar nerve	3	3	0
Neurorrhaphy:			
Brachial plexus	2	2	0
Median and ulnar nerve suture	1	1	0
Ulnar nerve suture	3	3	0
Median nerve suture	2	2	0
Musculospinal nerve suture	1	1	0
Enucleation of median nerve neoplasm	1	1	0
Hypoglossofacial suture	1	1	0
Division of supraorbital nerve	$\frac{1}{2}$	2	0
Excision of amputation neuromata  Excision of perineurial fibroblastoma of median	4	4	U
Nerve	1	1	0
	•	•	·
Miscellaneous operations:	_	_	
Herniorrhaphy, left indirect inguinal	1	1	0
Excision of dermoid cyst of scalp	1 1	1	0
Ligation of common carotid artery Ligation of internal jugular vein	1	1	0
*Reduction of subluxated cervical vertebra	2	2	ő
Excision of tumor from anticubital fossa	ī	ĩ	ő
Excision of tumor from finger	2	2	0
Biopsy-Occipital bone, fibrosarcoma	1	1	0
*Biopsy-Post auricular nerve: hypertrophic inter-			
stitial, neuritis	1	1	0
Incision and drainage of paronychial infection	2	2	0
Cervico-thoracic ganglionectomy	1	1	0
Laceration of neck	1	1	0
Excision of sinus in left temporal region  *Transfusions given			$\dots$ 52
*Encephalograms (lumbar)			
CAUSES OF OPERATIVE DEATHS, 1	930		
		mber o	f Cases
1 Pact apprative charle		4	
Post operative shock     Tumor of vermis or brain stem with medullary symptoms.		Ē	
3. Sudden death after ventriculography		2	
4. Sudden medullary symptoms during operation		Ē	
5. Infection and meningitis		2	
6. Hyperthermia after operation for irremovable tumor		ŧ	
7. Post-operative pneumonia		2	
8. Thrombosis of the middle cerebral artery		]	
		26	
		20	

<sup>\*</sup> Not counted as operations in totals.

### FINANCIAL STATEMENTS

To the Trustees of the Neurological Institute:

We have examined the accounts of The Neurological Institute of New York for the year 1930 and have prepared therefrom the following statements:

- Statement No. 1—Balance sheets, December 31, 1930, and December 31, 1929.
- Statement No. 2—Income and expenses for the years 1930 and 1929.
- Statement No. 3-Details of expenses for the years 1930 and 1929.
- Statement No. 4—Condensed statement of income and expenses for the years 1930 and 1929.

### INCOME AND EXPENSES—STATEMENT No. 2

It should be borne in mind when reading Statements Nos. 2 and 4 that in 1929 and prior years income was recorded only as received, whereas in 1930 income was recorded as earned by services rendered in the hospital. The allowances for 1929 shown in Statement No. 2 are those recorded in the latter part of December, after the new accounting system on the accrual basis had been installed. No record had been made of the other allowances granted during the year. There is, therefore, no basis of comparison of the amounts of income actually earned by the hospital in the two years nor of the total amount of allowances granted. A comparison of these items may be made in succeeding years, however.

It will be seen that the volume of service rendered by the hospital as represented by its income increased more than 40%, and that the expenses of professional care of patients increased only 38%, departmental expenses increased only 27% and general house and property expenses increased but 30%. As a result of income having increased at a greater percentage than the increase in expenses, the deficiency from operations for the year, \$42,061.78, was less than that of the preceding year, \$72,270.47.

Statements Nos. 2 and 3 have been summarized below to bring out the more important changes in the details of income and expenses:

	1930	1929	Increase or *decrease
Income:			
Patients	\$754,678.79	\$528,632.15	\$226,046.64
Sundry	16,519.17	11,103.78	5,415.39
	\$771,197.96	\$539,735.93	\$231,462.03
Expenses:			
Administration	\$ 63,032.26	\$ 47,781.49	\$ 15,250.77
Professional care of patients	430,250.10	311,926.58	118,323.52
Departmental expenses	259,554.28	197,038.90	52,515.38
General house and property expenses.	60,423.10	53,981.64	16,441.46
Interest on mortgage		1,277.79	*1,277.79
	\$813,259.74	\$612,006.40	\$201,253.34
Deficiency	\$ 42,061.78	\$ 72,270.47	*\$ 30,208.69

Statement No. 2 does not show the full amount expended by the Social Service Department, but instead the amount expended directly from the hospital's funds. Certain donations were made directly to the department and neither these amounts nor the expenditures therefrom are recorded in the hospital's books. We suggest that such donations be turned over hereafter to the treasurer who will make them available for the department and that all expenditures by the department be made by the treasurer's check regardless of whether it was made possible by a donation or by an appropriation from the hospital's funds.

As in the past, no accounting has been made for depreciation of fixed assets.

### BALANCE SHEET-STATEMENT No. 1

Accounts Receivable-\$26,630.12:

A reserve of \$4,000.00 has been provided for possible losses of accounts receivable. This amount has been based on experience during a part of the year just past. The Institute's office proposes on the basis of the same experience to add to the reserve monthly a sum equal to 2% of the total charges for the month for private and ward patients and to charge against the reserve accounts that are not paid upon the patient's discharge and later found uncollectable.

In this connection we suggest that the accounts found uncollectable during the year 1931 be classified as to private and ward patients, in order that the experience of each class of patients may be ascertained and the reserve set up monthly according to such experience rather than at a stated percentage of the aggregate charges to the patients' accounts.

### ACCOUNTING SYSTEM

The transactions for the year have been recorded in accordance with the revised accounting procedure outlined in our report dated October 28, 1929, and installed under our supervision. The accounting organization appears to have a proper understanding of the procedure and has rendered effective service thereunder.

We are, dear Sir,

Yours faithfully,

TOUCHE, NIVEN & CO.

Public Accountants.

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Sheets, D

December 31, 1929	\$ 26,716.35	23,016.38 1,175.00	\$ 50,907.73	1 049 800 19	12.141.39	\$2,005,639.24	65 20 20 20 20 20 20 20 20 20 20 20 20 20			1,937,710.89
Decembe	\$ 23,016.38			\$1,734,278.18 125,557.99 41,992.49 40,761.46	\$ 4,141.39 8,000.00		\$ 31,161.53 35,866.82 900.00	\$2,518,558.36	\$ 411,481.71 72,270.47 97,095.29	\$ 580,847.47
December 31, 1930	\$ 9,764.81	22,630.12 800.00	\$ 33,194.93	1 0K0 0AG 19	11.421.08	\$1,995,524.13	8 66 477 01			1,929,046.22
Decembe	\$ 26,630.12	4,000,00		\$1,736,854.40 130,365.44 42,926.82 40,761.46	\$ 3,421.08 8,000.00		\$ 5,000.00 58,131.32 3,346,59	\$2,555,955.47	\$ 580,847.47 42,061.78 4,000.00	\$ 626,909.25
ASSETS	Cash Accounts receivable	Sundry debtors	Fiven Asserts	Buildings Furnishings Apparatus and instruments Vanderbilt Clinic in Presbyterian Hospital.	Preparance Insurance Supplies inventories, estimated	LIABILITIES	CURRENT LABILITYES: Accrued salaries Accounts payable Sundry creditors	Capital: Contributed funds	Deficit:  Balance, January 1  Deficiency for the year, per Statement No. 2  Provision for losses of accounts receivable  Loss on sale of 67th Street property	Balance, December 31

# THE NEUROLOGICAL INSTITUTE OF NEW YORK

# Income and Expenses, Years 1930 and 1929

Income from laboratories Sundry adjustments
Income from laboratories

\$ 72,270.47

\$ 42,061.78

### THE NEUROLOGICAL INSTITUTE OF NEW YORK

### Details of Expenses

Administration Expenses:			
	Year 1930	Year	r 1929
Salaries—officers and clerks	\$ 39,203.12		\$ 29,098.19
Office expenses	412.96		1,473.10
Stationery, printing and postage. Telephone, telegraph and sundry	5,203.29		5,322.60
expenses	18,212.89		11,887.60
	\$ 63,032.26		\$ 47,781.49
PROFESSIONAL CARE OF PATIENTS:			
Salaries and wages	\$250,142.84		\$175,546.57
Medical and surgical supplies	15,795.71		10,939.51
Private and Vanderbilt clinics	43,472.45		46,535.66
Operating room	14,399.79		12,292.71
X-ray	23,977.14		15,205.92
Psychological laboratory	9,397,04		9,298.46
Pathological laboratory	21,948.69		15,151.87
Pathological laboratory Occupational Therapy	10,904.10		5,027.67
Neuropathological laboratory	10,396.14		5,235.99
	27,844.74		16,692.22
Physiotherapy	250.00		•
Sundry expenses	1,721.46		• • • • •
	\$430,250.10		\$311,926.58
Departmental Expenses:			
Housekeeping:			
Wages	.26	\$33,228.27 11,247.04	
	\$ 57,324.76		
Kitchen	50,838.24		30,065.30
Laundry and Linen Steward's department:	29,627.50		22,196.43
Bread\$ 4,088	.83	\$ 3,412.26	
Milk and cream 19,380	.13	13,376.20	
Groceries 20,418		15,745.72	
Butter and eggs 15,827	.33	13,830.15	
Fruits and vegetables 15,522	.60	8,619.34	
Meat, poultry and fish 29,467		26,430.34	
	<b>—</b> 104,704.88		81,414.01
Social service:			
Salaries\$13,245	.00	\$12,385.04	
Rent		125.00	
Sundry expenses 723		564.42	
	13,968.68		13,074.46
Publicity committee	3,090.22		5,813.39
	\$259,554.28		\$197,038.90

## THE NEUROLOGICAL INSTITUTE OF NEW YORK Details of Expenses

Yea	Year 1930		Year 1929	
GENERAL HOUSE AND PROPERTY EXPENSES:				
Rent		\$	89.00	
Electricity, light and power	\$ 9,414.98		9,065.76	
Fuel, oil and waste	22,314.99		18,551.27	
Gas and ice	1,582.57		1,417.27	
Maintenance: Wages\$11,909.84		\$15,503.00		
Property and equipment 12,797.68		4,918.73		
Machinery and tools		118.48		
	24,707.52		20,540.21	
Insurance	2,403.04		2,085.13	
Christmas expense			2,233.00	
	\$ 60,423.10	\$	53,981.64	
Interest on Mortgage	\$	\$	1,277.79	
	\$813,259.74	\$6	612,006.40	

### THE NEUROLOGICAL INSTITUTE OF NEW YORK

Condensed Statement of Income and Expenses, Years 1930 and 1929

	Income		- Expenses	
	1930	1929	1930	1929
January\$	74,670.80	\$ 22,931.88	\$ 63,594.15	\$ 26,767.57
February	70,812.61	23,073.85	65,876.42	29,184.60
March	79,700.50	19,402.22	64,458.11	34,837.19
April	72,705.27	36,133.12	67,752.73	43,558.09
May	71,349.21	51,746.88	68,466.16	51.216.91
June	71,451.07	44,175.10	67,177.26	53,967.16
July	63,759.69	45,653.31	67,468.10	51,920.30
August	62,046.64	50,167.65	65,645.82	57,673.28
September	71,824.42	43,726.32	68,626.46	54,530.63
October	76,491.81	71,250.00	69,185.74	65,110.17
November	73,661.10	71,579.45	70,260.68	71,191.31
December	70,005.54	59,896.15	74,748.11	72,049.19
Sundry adjustments	502.62	• • • •		
•	858,981.28	\$539,735.93	\$813,259.74	\$612,006.40
Free care	87,783.32	• • • • •		
Total income\$	771.197.96	\$539,735.93		
Total expenses	-	612,006.40		
Deficiency\$	42,061.78	\$ 72,270.47		

During the Years 1929 and 1930

Financial contributions are gratefully acknowledged from those named below:

Anonymous
Anonymous (Through Dr. Thomas
K. Davis)
Anonymous (In memory of Mrs. J.
Stevenson and Miss Imogene Runser)
Anonymous
Mrs. Abraham Abrams
Mrs. Margery L. Adams
Miss Edith Adler
Mr. George B. Agnew

Miss Mary Lincoln Aldrich Mrs. Richard Aldrich Miss Agnes Alexander Mrs. Nellie R. Alexander

Mr. Frederic W. Allen Altman Foundation B. Altman & Company Mrs. Charles Altschul

\*Mr. William H. Atkinson

Mrs. Richard G. Babbage
Balfour, Williamson & Company
Mrs. Ira Leo Bamberger
Mrs. Edwin S. Bayer
Mr. and Mrs. Abraham Beller
Mr. William E. Benjamin
Mrs. Adolf A. Berle, Jr.
Mr. Arthur D. Berliss
Mrs. Milton Bernstein
Mr. Alexander M. Bing
Mr. Charles N. Black
Mrs. Herbert Bodman
Mrs. Sidney C. Borg
Mr. Charles Boucher

Mr. M. C. Bouvier Mr. Fritz V. Briesen Mrs. Samuel Brock

Mrs. Inman Brokaw

Mrs. Alfred Brosseau Mr. Alfred L. Brown

Mrs. Fannie C. Browning (In memory of Miss Marie F. Coddington)

Mrs. J. Wells Browning Miss Annette Burchel

Miss Caroline T. Burkham Mr. Middleton S. Burrill

Mr. Lawrence S. Butler

Mr. Joseph L. Buttonwieser

Mr. James Byrne

Mrs. H. L. Cammann Mrs. A. L. Carns Mr. Ernest Trow Carter Mr. and Mrs. Robert J. Cary Mr. Henry Phelps Case Miss A. Chaimowitz Mr. George E. Chatillon Mrs. William F. Chester Chi Omega, New York City Alumnae \*Mrs. Joseph H. Choate Miss Mabel Choate Mr. Hendon Chubb \*Mr. Percy Chubb Mrs. Arthur Claffin Mrs. Campbell Clark Mr. Clarence M. Clark Mr. F. Ambrose Clark Mrs. George C. Clark, Jr. Mr. Stephen C. Clark Mrs. William P. Clyde Miss Alice Coffin Mrs. Richard M. Colgate Mr. William Colgate Miss A. M. Condit Miss Jean Conklin Mr. Charles P. Cooper Mrs. Charles H. Coster Miss Elisabeth S. Crafts Judge Thomas C. T. Crain Mrs. W. Murray Crane Mr. Charles W. Crane Mrs. George A. Crocker Miss Emily R. Cross

Mr. Preston Davie Mr. G. Richard Davis Mr. Gherardi Davis Mrs. Thomas K. Davis Mrs. Henry P. Davison Mr. Lee Garnett Day Rev. Dr. Selden Peabody Delany Mrs. B. E. De Sola Mrs. G. Desseroth Miss Angela Diller Mr. Otto L. Dommerich Rev. Samuel M. Dorrance Mrs. William P. Douglas Mr. Morris Drey Miss Ethel DuBois Mrs. Matthew B. DuBois Mrs. Edward Kellogg Dunham Mrs. Milton Durlach

Mr. Franklin W. M. Cutcheon

<sup>\*</sup> Deceased.

Mr. Ernest W. Eager Mrs. M. E. Eberle Mrs. E. Ecke Mrs. James M. Eder Mrs. William G. Edgar Mr. Martin Egan Mr. Robert James Eidlitz Mr. Max Eisman Judge Abram I. Elkus Mrs. Lawrence E. Ellis Mr. H. A. Elsberg Mrs. G. Page Ely Mr. R. Erbsloh Mr. Albert J. Erdmann \*Mr. Abraham Erlanger Mr. Hartman K. Evans Mr. J. M. Evarts

\*Mrs. Harris Fahnestock Mrs. William Fahnestock Mr. Samuel L. Feiber \*Mr. Leo Feist Mrs. Charles H. Ferguson Miss E. C. Fessenden Mrs. E. Marshall Field Mrs. Willard B. Force Mrs. George W. Forsyth Mr. Mandel Frankel Mrs. William B. Franklin Miss Jane K. Fraser Miss L. H. French Mr. Walter E. Frew Mrs. Reman Fridenberg Mrs. Maurice Fromkes Miss Mary Wiltsie Fuller

Mrs. Edmund V. Gabriel Mr. Albert Gallatin Mrs. Howard S. Gans Mr. Aaron Gantz Mrs. Frances P. Gavit Mr. G. J. Geer, Jr. Mr. David L. Gluck Mr. William Goetz Miss Sue Golding Mr. David Goldman Mrs. Helen R. Goldman Mr. Bernard Goldstein Miss Lillian Goman Miss Sophie Goman Mrs. Philip J. Goodhart Mr. Joseph P. Grace Mr. Jerome D. Greene Mrs. Louis M. Greer Miss Susan D. Griffith Mrs. Benjamin Guggenheim Mr. William Guthman

Mrs. J. Horton Ijams Mrs. Robert Isaac Mr. Stanley M. Isaacs Mr. Leon Israel

I. Randolph Jacobs & Company
Miss Josephine Jacobs
Mrs. Ralph J. Jacobs
Mrs. E. Jacobson
Mr. Jacob D. Jais
Mrs. Ferdinand Jelke, III
Mr. David Jennings
Mrs. John C. Johansen
Mr. Frederick Johnson
Mr. Gilbert H. Johnson
Mr. Shipley Jones
Mr. Anatol M. Josepho
Mr. Joseph S. Josephs
Dr. J. L. Joughin (In memory of
Eva Maude Joughin)

Karelsen & Karelsen
Mr. Morris Katz
Mr. Herbert M. Kaufmann
Mrs. Elsie D. Kaye
Mr. James Gore King
King Solomon's Lodge, 279, F. & A. M.
Mr. Leo M. Klein
Mr. Charles Klingenstein
Julius Klugman Sons
Mrs. E. B. Knowlton
Mr. Edward Kohnstamm
Mr. and Mrs. Joseph Kohnstamm
Mr. Samuel H. Kress
Mr. Julius G. Kugelman

Mr. and Mrs. Walter G. Ladd Mrs. Oliver H. P. LaFarge Mr. Thomas W. Lamont Mr. William E. Lauer

Mrs. E. S. Harkness
Mrs. J. Amory Haskell
Mrs. Horace Hatch
Mr. Charles Hayden
Mrs. Christopher Hermann
Mr. William L. Hernstadt
Mrs. L. V. Heydenreich
Mrs. Richard Hirsch
Miss Frances A. Hoffman
Mr. Lester Hofheimer
\*Mrs. Hubert S. Howe
Mr. Richard F. Howe
Mrs. John Sherman Hoyt
Mrs. Julian Humphreys

<sup>\*</sup> Deceased.

Miss Sara S. Lawrance Mrs. John Leckie Mr. Ivy Lee Mrs. Russell C. Leffingwell Mr. Allan S. Lehman Mr. Arthur Lehman Mr. Herbert H. Lehman Mr. Henry Leon
Mr. B. E. Levy
Mr. Sydney Lewinson
Mr. Adolph Lewisohn Miss Alice Lewisohn Mr. Sam A. Lewisohn Mrs. Charles J. Liebman Mr. Harry H. Liebovitz Miss Frances Lilianthal The Lucius N. Littauer Foundation Miss Harriet S. Littlefield Mr. Carl M. Loeb Mrs. Morris Loeb Lord and Taylor Mrs. H. F. Louchheim Mr. Christopher M. Lowther Mr. Adam K. Luke

Mrs. D. Hunter McAlpin, Jr. Mr. John McCormack Mr. H. F. McCreery Miss Grace McGovern Mrs. Charles A. McKendree Mrs. John M. McKinney Mrs. Samuel McRoberts Mr. Milton A. Maas Mr. George MacDonald Miss Alice N. MacMath R. H. Macy and Company Mr. John Markle Mr. Robert J. Masback Mrs. Bernard Mayer Mrs. Lucius W. Mayer Mr. Leo I. Meinhard Mrs. B. T. Merchant Mrs. M. B. Metcalf Mr. Cord Meyer Mr. W. H. Miller Mr. Ogden L. Mills Mr. Clarence B. Mitchell Mrs. Paul Moore Mrs. E. Moses Mrs. Florizel de L. Myers

Mr. Harold Nathan Mrs. Charles Neave Mr. John G. Neeser Mr. Moses Newborg Mrs. E. S. Newburger Miss Florilla Niles Mr. Furman T. Nutt

Packard Motor Car Company Mrs. J. Graham Parsons Mrs. James R. Parsons Mrs. Arthur C. Patterson Mr. M. R. Patterson Mme. Adolf Pavenstedt Mr. Charles A. Peabody Mrs. Anna Pearson Mr. William S. Peebles Mr. William Peter Mrs. J. O. H. Pitney Mr. Frank L. Polk Mr. James H. Post Mrs W. Kintzing Post Miss Blanche Potter Mr. Frank C. Poucher Mrs. S. C. Powell Rev. Dr. William Prall Mr. Robert Kelly Prentice Prof. Michael I. Pupin Mrs. W. S. Pyle Mr. and Mrs. Percy R. Pyne

Miss Kate L. Reynolds
Mr. Alfred Rheinstein
Mrs. Alexander Hamilton Rice
Miss Elvine Richard
Mrs. J. Ernest Richards
Mr. C. A. Riegelman
Mrs. Henry Alsop Riley
Mrs. John L. Roberts
Mrs. Henry Geer Rogers
Mrs. James Roosevelt
Mrs. W. Emlen Roosevelt
Mrs. James N. Rosenberg
Mr. Alfred S. Rossin
Mr. Edgar L. Rossin
Mr. Edgar L. Rossin
Mr. Albert Rothbart
Mrs. Walter N. Rothschild
Mr. Joseph Rubin

Mrs. Walter J. Salmon Mr. Charles E. Sampson Mr. Henry Sandhagen Mr. Albert Saxe Mrss Hope Sayles Mrs. George G. Schaefer Mr. Myron Schafer

Mrs. Walter Oakes
Mr. Adolph S. Ochs
Mrs. Ponsonby Ogle
Mr. Henry Ollesheimer
Mrs. William Church Osborn
\*Mrs. Madeleine L. Ottmann
Mrs. C. A. Owen

<sup>\*</sup> Deceased.

Mr. Mortimer L. Schiff Mrs. Samuel Schiffer Mrs. Milton Schnaier Mr. W. D. Scholle Mrs. Joseph M. Schulte Mr. William A. Schutz Mr. and Mrs. Hermann C. Schwab Miss Mary Evelyn Scott Mr. Stevenson Scott Mrs. Winfield Scott Miss Grace Scoville \*Mr. Charles Scribner Mr. A. J. Seasongood Mrs. Eustace Seligman Mr. Henry Seligman Mrs. Alfred Seton Mrs. Henry Shapiro Mr. Allan Shelden Mr. David Shiman Mr. Alfred Shriver Miss Helen E. Shumway Mrs. H. W. Sibley Mrs. Reinhard Siedenburg Miss Estelle L. Silverman Franklin Simon & Company Mr. Maurice L. Sindeband Mr. Benson G. Sloan Mrs. William S. Sloan Mr. T. W. Slocum \*Mr. Charles Robinson Smith Mrs. Charles Stewart Smith Mrs. Etta C. Smith Miss Julia E. Smith Mr. R. B. Smith Mrs. Fernando Solinger Mr. H. Boardman Spalding Mr. Lorillard Spencer Mr. George W. Spitzner Mr. Seth Sprague Mr. Charles Steele Mrs. J. Rich Steers Mrs. Alexis W. Stein Mrs. Fred M. Stein Mrs. Benjamin Stern Stern Brothers Mr. Louis Sternberger Mr. Max D. Steuer Mr. Francis K. Stevens

Mrs. H. M. Stromberg Miss M. Louise Sullivan

Mrs. E. T. H. Talmage, Jr.
Mrs. Henry Osborn Taylor
Mrs. Thomas D. Thacher
Third Panel Sheriff's Jury (Through
Mr. Edward R. West)
Miss Anne Thomson
Mrs. L. K. Thorne
Mr. Robert Thorne
Mrs. Henry Morgan Tilford
Mrs. A. A. Tilney
Mrs. W. W. Tompkins
Mr. J. H. Towne
Mrs. Allen Tucker
Miss Ruth V. Twombly
Mrs. Ernest F. Tyler
Mrs. John Tyssowski

Mr. E. S. Ulmann

Miss Martha C. Vail Mrs. Michael M. Van Beuren Mrs. W. K. Vanderbilt Mrs. Samuel C. Van Dusen Mr. Howard Van Sinderen Miss Mary S. Van Winkle Mr. Ludwig Vogelstein

Mr. Felix M. Warburg
\*Mr. Alexander White
Mr. Louis Wiley
Mr. Harrison Williams
Miss Theodora M. Williams
Mr. J. Wittner
Mr. Henry Wollman
Mrs. Willis D. Wood
Deaconess C. V. B. Woodward

Mrs. Albert Young

Mrs. Edwin G. Zabriskie Mr. A. G. Zimmerman Mrs. Charles Zoller Mr. Eugene J. Zuker

Mrs. W. Plunket Stewart

Mr. Harry H. Straus

Mr. Frederick Stranss

Mr. Charles Strauss

<sup>\*</sup> Deceased.

### SPECIAL GIFTS

### FLOWERS, PLANTS, ETC.

Mr. Edward J. Kenny Mrs. Walter Graeme Ladd Mr. M. R. Sherrif

### MAGAZINES

Mrs. Thomas K. Davis Dr. H. B. Enelow Dr. Ward Holden Mrs. Henry Alsop Riley Mrs. Frederick Tilney Mrs. Edwin G. Zabriskie

### BOOKS

Mrs. Sidney C. Borg Mrs. Royal G. Cannaday Mrs. Leon H. Cornwall Mrs. Thomas K. Davis Mr. Sherman Day Mrs. Mary F. Hennessy Dr. Hubert S. Howe Mrs. Charles W. McKendree Mrs. Lucy Martin Mrs. Henry Alsop Riley Mrs. Junius W. Stephenson Mrs. Frederick Tilney Mrs. Walter Timme Mrs. Edwin G. Zabriskie

### TOYS, ETC., FOR CHILDREN'S WARD

Miss Florence Bamberger Miss Marian J. Collins Mrs. Junius W. Stephenson Miss Ruth F. Weinberg

### GAMES

Mrs. Leon H. Cornwall Dr. Hubert S. Howe Mrs. Charles W. McKendree Mrs. Frederick Tilney

### MISCELLANEOUS

Mr. John Aldred............14 radio sets with loud speakers in solaria, and all beds in private rooms and 3rd and 4th floor wards wired and equipped with ear phones

Mrs. Prentiss L. Coonley......Vases

Mrs. Henry P. Davison......Pictures, Clock for Nurses' Lounge, Christmas holder and candle for each patient

Mrs. Rachel Lenox Donald......Wheel Chair Samuel E. Hunter Corp.....Christmas Trees Northwestern Fruit & Produce Co..Christmas Trees

Scully-Walton Ambulance Co.....Ambulance service for free patients

Mr. Victor Sutro......Bed, bed-side table, and other equipment

Temple Emanuel: Brightside Work of Religious School,

Miss Fernback, worker.....Fruit

Touche, Niven & Company,

Public Accountants ..........Services, Auditing accounts of Institute

### SUMMARY OF THEATRE BENEFIT

### "A Wonderful Night"

# THROUGH THE COURTESY OF THE MESSRS. SHUBERT November 13, 1929

### Receipts:

Sale of tickets	\$7,702.00	
Contributions	511.67	
Advertising in program	1,425.00	
Sale of programs	121.00	
		\$9,759.67
Disbursements:		
Printing, postage, clerical work and miscellaneous	\$551.73	
Special Publicity Service	150.00	
To theatre for tickets	3,014.75	
		3,716.48
Net profits		\$6,043.19

### SPECIAL FUNDS

	1929	1930
From the United Hospital Fund	\$3,608.77	\$ 6,500.83
FOR RESEARCH		
From Commonwealth Fund:		
For Multiple Sclerosis Research	\$5.000.00	\$ 3,750.00
For Epilepsy Research	5,400.00	4,000.00
From New York Foundation		5,000.00
From Miss Ruth V. Twombly		10.000.00
From Mr. Felix M. Warburg		10,000.00
From Mr. Harrison Williams		10,000.00
ENDOWMENT		
From the Estate of Gertrude S. Hencken:		
For the endowment of a bed in the Women's W	ard and a bed	
in the Children's Ward		\$10,000.00
From the Estate of Henrietta M. Tenney:		
For Free Beds		25,000.00
Funds for the Dr. J. Ramsay Hunt endowed Neuro-Pa	sychiatric beds	15,000.00
Red Cross Room for use of Graduate Nurses of any red of Nursing, through the New York Counties Rep	gistered Nurse	15,000.00
Association		10,000.00
Rivington-Dwyer Room for use of nurses, raised by th Neurological Institute and their friends		10,370.00







### FORM OF BEQUEST

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### FORM OF DEVISE OF REAL ESTATE

I give and devise to the Neurological Institute of New York, a corporation created in the year 1909, under the Laws of the State of New York, for its corporate purposes, all that, etc. (Here describe the property.)











